

Green Woods Country Club

P.O. Box 598
Winsted, CT 06098

2009 Membership Application

NAME _____ Date of Birth _____

SPOUSE _____ Date of Birth _____

CHILDREN (IF ELIGIBLE UNDER FAMILY MEMBERSHIP).

_____ Date of Birth _____

_____ Date of Birth _____

PRIMARY RESIDENCE _____

CITY, ST. ZIP _____

SUMMER RESIDENCE _____

CITY, ST. ZIP _____

Preferred Communication: (please check one)

DIRECT MAIL

EMAIL ADDRESS- _____ (Even if given to us list again)

List Professional or Civic Organizations you have served on: _____

What if any is your USGA Hcp: _____

PHONE _____

TYPE OF MEMBERSHIP _____

AMOUNT ENCLOSED _____

By signing below I agree to abide by all rules and regulations set forth by Green Woods Country Club and its management. I understand that playing privileges may be revoked at anytime for not conforming.

_____ Date _____