



**Cedar Lake Club Inc.**  
 382 Rider Road, Clayville, NY 13322  
 Membership Application Form  
 www.cedarlakeclub.com



Applicants Name \_\_\_\_\_  
 Residence \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Phone Numbers (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
 Email Address \_\_\_\_\_ Spouse's Name \_\_\_\_\_ D.O.B \_\_\_\_\_

Family members	Relationship	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

References (club members if possible)	Address	City	Zip	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Sponsoring member (if one) \_\_\_\_\_  
 \_\_\_\_\_

Sponsor's Signature \_\_\_\_\_

A letter of recommendation should accompany this application

**Type of Membership requested:** (check one)

Social single	( _____ )	Golf Single	( _____ )
Social single under 30	( _____ )	Golf Single under 30	( _____ )
Social family	( _____ )	Golf family	( _____ )
Social family under 30	( _____ )	Golf family under 30	( _____ )
Non resident	( _____ )	Junior Golf	( _____ )

(must not have any living quarters within 50 miles of Cedar Lake Club)

**If accepted as a new member, I agree to abide by the By-Laws and rules of Cedar Lake Club, Inc.**

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**A check for \$50.00 must accompany this application.**

Phone 315-839-5075 office 315-839-5838 pro shop  
[rsardelli@cedarlakeclub.com](mailto:rsardelli@cedarlakeclub.com)

For office use only

Date the application was received \_\_\_\_\_ Approved \_\_\_\_\_