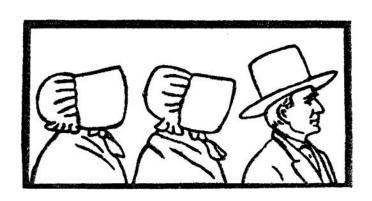
## Quaker Hill Country Club, Inc.

## Membership Proposal



Pawling, NY 2024

#### **Candidate Information**

Print name of candidate in ful			
Date of birth:	Email:		
Class of Membership desired:	Regular Golf _	Regular Tennis _	Regular House
Intermediate GolfInterm	ediate Tennis	_Senior House	
Primary Residence:			
		Telephone Number:	
Secondary Residence:			
		Telephone Number:	
Business or Professional Firm:			
Business Address:			
		Telephone Number:	
Occupation or Title:			
Children - Full Name, date of	birth, school		·
Education - Schools and Unive	ersities attended, o	dates and degrees	
Names and addresses of other		ur halang ay haya hal	
Names and addresses of othe	r clubs to which yo	ou belong or have bel	onged during the tast 5 y
Name and address of the	anianal series (		
Names and addresses of profe or have belonged			_

### **Candidate's Spouse or Domestic Partner**

Print Name in full:	
Date of birth: Email:	-
Business or Professional firm:	
Business Address:	
Telephone Number:	
Occupation or Title:	
Children - Full Name, date of birth, school	
Education - Schools and Universities attended, dates and degrees	
Names and addresses of other clubs to which you belong or have belonged during the last 5 y	ears/
Names and addresses of professional societies, fraternities, and civic organizations to which belong or have belonged	you

Name and affiliation	Name and affiliation
ACKNOWLEDGMENT AND AGREEMENT: T	ne undersigned does (do) hereby attest to and acknowledge the
truthfulness of the above information pr	ovided to Quaker Hill Country Club, and further acknowledge(s) that I
(we) are thoroughly familiar with the co	nditions of membership and with the By-Laws and Rules of Quaker Hil
Country Club, and agree to observe and	be bound by such By-Laws and Rules in present form, or as may be
amended from time to time. All initiation	n charges accrue upon initial acceptance of this membership
regardless of any extended payment opt	ion offered by Quaker Hill Country Club. Termination of membership
after this initial acceptance of members	hip does not invalidate any financial responsibility on the part of the
member. With the acceptance of my me	mbership, I accept responsibility to pay all initiation charges, dues,
assessments and other charges which ha	ve accrued.
Signature of Candidate	Date
Signature of Candidate's Spouse or Dome	estic Partner Date

# The following information relative to the candidate shall be given by the proposer and the seconder from their personal knowledge.

How long have you known the	candidate?		
		Proposer	Seconder
Has your acquaintance been so	cial or business?		
		Proposer	Seconder
How long have you known the o	candidate's spouse or domestic partn	er?	
		Proposer	Seconder
Do you know any other membe	rs of the candidate's family?		
		Proposer	Seconder
Names of three additional regu	lar or senior members other than the	proposer and seco	onder with whom the
The undersigned proposer and	seconder advise that, to the best of o	our knowledge, the	e candidate is thoroughly
familiar with the conditions of	membership and also with the by-lav	vs and rules. They	also advise that they in
good faith recommend favorab	le action on their proposal by the Me	mbership Committ	ee and by the Board of
Directors			
Print name of Proposer	Signature of Proposer	Date	
Print name of Seconder	Signature of Seconder	 Date	