



2024 New Member Application

Name in Full: _____ Birth Date: _____

Name of Spouse: _____ Birth Date: _____

Residence Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Spouse Cell Phone: _____

E-mail Address: _____ Spouse E-mail Address: _____

Employer: _____ Title: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Business Email: _____

Club Affiliations and Addresses: _____

Full Name and **Birth Date** of Each Child:

- 1. _____ 3. _____
- 2. _____ 4. _____

Class of Membership:

•Senior Golfer (over age 42): ___ Married ___ Individual ___ Weekday Only

•Intermediate Golfer (under age 42): ___ Married ___ Individual ___ Weekday Only

Jr Executive Golfer (Under age 32): ___ Married ___ Individual ___ Weekday Only

•Youth Membership: ___ •Non- Resident Golf: ___ Married ___ Single

•Dining Membership: ___ •Club: ___ Married ___ Individual •Pool: ___

•Business Membership ___ •Associate Business Membership ___

Do you know anyone who may be interested in joining our Club? (Name, Email & Address):

How did you hear about LTCC? (Please check all that apply)

___ Radio ___ TV ___ Postcard ___ Word of Mouth ___ Previous Member ___ Online Ad ___ Social Media ___ Other

Referred by Current Member: _____

References Business or Personal

- 1. _____
- 2. _____
- 3. _____

Date: _____

Applicant Signature: _____

Please be sure to complete the reverse side of this form, Thank You.

The Applicant(s) agrees by acceptance of membership to Lockport Town & Country Club to abide by the constitution and all the rules and regulations of the club including any and all changes or modifications thereto. By signing this application, applicant agree to maintain membership for a minimum period of 24 full months from Board approval date. If member leaves before the expiration of this agreement, they are responsible for paying back any discounts and initiation fees.



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Application Procedure

1. Completed Application Submitted to Club with a check as required for applicant’s membership class. Membership committee reviews and votes on posting of application.
2. If Approved by Membership Committee, application Posted in Club for 10 days. General Membership allowed to review and comment.
3. Membership Committee will schedule an interview with Applicant (and spouse, if married) to review application and any comments from the general membership
4. Membership Committee will vote on whether or not to recommend candidate for approval of the Board of Governor’s. If membership Committee votes not to recommend, a letter will be mailed to applicant with check returned.
5. Board of Governor’s votes on acceptance of applicant
6. New member notified of acceptance as member. Meeting scheduled with Club Manager and member of the Membership Committee to review Constitution, By Laws, Golf & House Rules

Application Completion

Upon this application being approved for membership by the Board of Governors of Lockport Town and Country Club, I (we) understand that I am (we are) full, active members and are subject to regular monthly dues and fees and assessments. I (we) also agree to abide by the Constitution and all the rules and regulations of the Club, including any and all changes or modifications thereto.

Applicant Signature: _____ Date _____

Applicant Signature: _____ Date _____

For Office Use:

Date Posted: _____

Entrance Fee Paid: _____ Online/Web Access: _____ Member Number: _____
 (Date) (Date)

New Member Packet Mailed: _____ Locker Number(s) : _____
 (Date)

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