Quinnatisset Country Club

241 County Home Road, Route 21 – Thompson, CT 06277 – (ph) 860-928-7516

Application for Membership

Date:/	
Name:	Date of Birth:
Resident Address:	
Email Address:	Occupation:
Telephone: Cell -	Home:
Type of Membership Requested: Choose ONE	
() Single	
() Family: Spouse:	# of Children Playing:
() Restricted Family : Additional Playing Member	Name:
()Young Adult 26-35 () Junior Student () Non S	Student
Constitution which means that the club is allowed	e club organized and controlled by the lly open to members and their guests. As such a iation protected under the First Amendment of the I to exclude individuals who do not represent its e below you are acknowledging and agreeing to the
PLEASE NOTE THERE IS A \$250.00 APPLICATION F	EE THAT MUST ACCOMPANY APPLICATION.
This fee will be applied to your initiation fee upo	n acceptance into Quinnatisset CC.
Initiation fee will be frozen for the year you appl	y.
Signature:	
Please email: membership@quinnatisset.com wit	h questions.
Please return this application to the Quinnatisset	Pro Shop or mail with check to:
Quinnatisset Country Club Membership Committee	ee, P.O. Box 411, Thompson CT 06277

Thank You For Your Interest in Becoming a Member at "Quinny"