



The Garden City Casino, Inc.

51 Cathedral Avenue, Garden City, NY 11530. (516) 742-8184
www.TheGardenCityCasino.com

APPLICATION MEMBERSHIP FORM

* Circle Type of membership: Tennis - House - Single Young Professional (T)

Name _____ Spouse Name _____

Address: _____ Years at this add. _____

Telephone: _____ E-mail Address: _____

Previous Address: _____

Names and birth dates of all children living at home: _____

Your Information:
Business name: _____
Business Add: _____
Job Description: _____
Date of Birth: _____
E-Mail: _____
Tennis Player: <input type="checkbox"/> Yes <input type="checkbox"/> No
Bridge Player: <input type="checkbox"/> Yes <input type="checkbox"/> No

Spouse Information if applicable
Business name: _____
Business Add: _____
Job Description: _____
Date of Birth: _____
E-Mail _____
Tennis Player: <input type="checkbox"/> Yes <input type="checkbox"/> No
Bridge Player: <input type="checkbox"/> Yes <input type="checkbox"/> No

Other club memberships: _____

Friends who are Casino members: _____

Note: * When tennis membership is at 200, new applicants will be billed as House members, until there is a tennis opening. NO TENNIS member privileges will be allowed until then.

Would you like to be involved in a committee: Yes No Not, at this time

Would you like to join with your spouse? : Yes No Note: There is no cost difference in Tennis dues. In addition, minimum for married membership is \$300.00 per annum – for single membership \$175.00 per annum

BY SIGNING THIS APPLICATION, I certify that my family and I are in good health and able to participate in the activities offered by the Garden City Casino. I understand there are risks associated with participating in sport and hold harmless The Garden City Casino Inc., its' officers, agent and employees. In addition, I represent and warrant that the information I have provided on this application is true and correct as of the date indicated. If at any time after this application is accepted it is determined that any of the information herein was not true and accurate as of the date of the application, I acknowledge that the Club has the right to reconsider the application and may revoke my membership. If my membership is revoked, I acknowledge that I will forfeit all benefits of membership and any claims against the Club

Signature of applicant: _____ Date: _____

All information must be provided before; The Garden City Casino considers this application.

Official use Only:

Application received Application Approved Application denied Welcome package mailed on _____