

TORVIEW CLUB, INC.

P.O. Box 304 Stormytown Road Ossining, New York Torview.com 941-5457

APPLICATION FOR MEMBERSHIP IN TORVIEW CLUB, INC.

This application must be received by the club to be considered for membership for the 2008 season.

The undersigned hereby makes an application for membership in Torview Club, Inc. with the understanding that, if accepted, payments indicated are due. Torview accepts payment by Personal Check, Money Order and Major Credit / Debit Cards. The following payments/options will be applicable for the 2008 Season:

Non-Refundable Initiation Fee (including tax) - - - - -	\$1,050.
2008 Membership Dues (including tax) - - - - -	725.
Membership Bond (refundable upon resigning) - - - - -	50.
2008 Capital Improvement Surcharge - - - - -	<u>250.</u>
TOTAL AMOUNT DUE - - - - -	\$ 2,075.

Single membership option (single members are limited to 2 guests per calendar month):

Non-Refundable Initiation Fee (including tax) - - - - -	\$ 525.
2008 Membership Dues (including tax) - - - - -	363.
Membership Bond (refundable upon resigning) - - - - -	50.
2008 Capital Improvement Surcharge - - - - -	<u>125.</u>
TOTAL AMOUNT DUE - - - - -	\$ 1,063.

1. It is agreed by the applicant that no restrictions shall be placed on funds paid or owing to Torview Club, Inc. other than these funds will be used for club purposes only.
2. All applications will be placed on a waiting list for membership. Applicants will only be notified if their application is accepted. No reasons for non-acceptance will be supplied by Torview Club, Inc.

NUMBER OF PEOPLE IN THE APPLICANT'S HOUSEHOLD: _____
(Family Members Only)

NAMES: Adults: _____

 Children: _____

Applicant must furnish with this application the names, addresses and phone numbers of THREE (3) active members of the Torview Club, Inc. who will recommend them for membership in the club. Each sponsor must have been a member in good standing for a period of at least three (3) years. Letters of recommendation are to be sent by the sponsor directly to the club.

1. Tania Cafarelli
2. Gail Cavanaugh
3. David Vutera

I have read and understand the above application and agree to its terms.

Print Applicant's Name: _____

Address: _____

Telephone Nos.: _____

Applicant's Signature: _____

Date of this Application: _____

RECORD OF BOARD OF DIRECTOR'S ACTION:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

SUBMIT COMPLETED FORM TO:

**TORVIEW CLUB, INC.
P.O. BOX 304
OSSINING, NY 10562**

OR E-MAIL TO: membership@torview.com

TORVIEW CLUB, INC.

P.O. Box 304 Stormytown Road Ossining, New York Torview.com 941-5457

MEMBERSHIP INFORMATION

Family Name: _____

Address: _____

City, State, ZIP Code: _____

Active Member: _____

(Head of Household)

(Head of Household)

Junior Member: _____ DOB: _____

(Dependent Children under 21)

DOB: _____

(Dependent Children under 21)

DOB: _____

(Dependent Children under 21)

DOB: _____

(Dependent Children under 21)

DOB: _____

(Dependent Children under 21)

Associate Member: _____ Relationship: _____

(Adult Person Domiciled in Household - ex. Mother, Father, Nanny)

Communication: _____

(Home Phone)

(Work Phone - Head of Household)

(Work Phone - Head of Household)

(Cell Phone - Head of Household)

(Cell Phone - Head of Household)

(Email Address)