

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 2009 season.

The undersigned hereby makes an application for membership in Torview Club, Inc. with the understanding that, if accepted, payments indicated are due. The following payments/options will be applicable for the 2009 Season:

Family membership option:

Non-Refundable Initiation Fee (Due 9/1/2009, including tax) - - - -	\$1,050.
2009 Membership Dues (including tax) - - - - -	725.
Membership Bond (non interest bearing, refundable upon resigning) -	50.
2009 Capital Improvement Surcharge - - - - -	<u>250.</u>
FIRST PAYMENT DUE AT SIGNUP - - - - -	\$ 975.
FINAL PAYMENT DUE BY 9/1/2009 - - - - -	\$ 1,100.

Single membership option:

Non-Refundable Initiation Fee (Due 9/1/09, including tax) - - - - -	\$ 525.
2009 Membership Dues (including tax) - - - - -	363.
Membership Bond (non interest bearing, refundable upon resigning) - - -	50.
2009 Capital Improvement Surcharge - - - - -	<u>125.</u>
FIRST PAYMENT DUE AT SIGNUP - - - - -	\$ 488.
FINAL PAYMENT DUE BY 9/1/2009- - - - -	\$ 575.

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: _____

How did you hear about us? _____

RECORD OF BOARD OF DIRECTOR'S ACTION:

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

MAIL COMPLETED APPLICATION TO:

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

OR E-MAIL TO: membership@torview.com

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MEMBERSHIP INFORMATION

Family Units: NAME: _____

Address: _____

Active Member: _____

(Wife or Head of Household)

(Husband or 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 - Wife or Head of Household)

(Work Phone - Husband or Head of Household)

(Cell Phone - Wife or Head of Household)

(Cell Phone - Husband or Head of Household)

(Email Address)