



# 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: \_\_\_\_\_

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

**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 \_\_\_\_\_