

The Paugusset Club
PO Box 651
Orange CT 06477-0651
203-795-1160

Membership Application

Family last name:

Wife's name:

Husband's name:

Address:

City and zip code:

Telephone: (H)

(Cell)

(W)

Email address:

Children

Name:

Birth month/year:

Name:

Birth month/year:

Name:

Birth month/year:

Name:

Birth month/year:

Name:

Birth month/year:

Please list two current club members who will be willing to sponsor your application:

1.

2.

Please tell us how you heard about the Paugusset Club:

I/we agree to abide by the Rules and By-Laws of the Paugusset Club, Inc. and to act in an appropriate manner while on the premises and to supervise any children or guests so that they act in proper manner that does not annoy other members and guests. Failure to follow the rules or act appropriately or supervise your guests and children can and likely will result in disciplinary actions such as fines, suspension of club privileges and/or expulsion. We/I also agree to fulfill all financial obligations my family incurs as a member of the Paugusset Club. In addition, we/I agree to pay all collection costs should we/I fail to pay all amounts due or owing, including all Attorney's fees

Signature: _____

Date: _____

Both parents must sign the application if a family membership is being requested before your application can be considered.