| Blue Mountain Lake Club, INC. Membership Application | | | |
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| Applicant Information | | | |
| Name: | | | |
| Current address: | | | |
| City: | State: | ZIP Code: | |
| How long have you lived at this address? | | Date of birth: | |
| Home Phone: | Cell Phone: | Email: | |
| Employment Information | | | |
| Current employer: | | | |
| Employer address: | |  | |
| City: | State: | ZIP Code: | |
| Position/Occupation: | | | |
| Emergency Contact | | | |
| Name of contact: | | | |
| Address: | | Phone: | |
| City: | State: | ZIP Code: | |
| Relationship: | | | |
| If you Were Referred by a current Blue Mountain Lake Club, INC. Member(s), please indicate who? | | | |
| Name: | | | |
| Name: | | | |
| Name: | | | |
| Personal References (who have known you for at least 5 years) | | | |
| Name: | | Phone or Email: | |
| Name: | | Phone or Email: | |
| Name: | | Phone or Email: | |
| Please list any other Outdoor Clubs or Organizations you belong to | | | |
| Name: | | Location: | |
| Name: | | Location: | |
| Signatures | | | |
| I hereby apply for membership to the Blue Mountain Lake Club, Inc., and agree that should I be accepted into membership that I shall in no way violate any of the rules, laws, or bylaws for any reason. I agree to comply with the direction of the governing body of the Club. I certify that the answers I have given on this application are true and understand any false statements will lead to immediate forfeiture of membership and any fees paid and that I have read and accepted the Blue Mountain Lake Club, Inc. bylaws. | | | |
| Signature of applicant: | | Date: | |
| Should you have any questions on the application process, please email or call Lou Thayer, President at [thayer187@yahoo.com](mailto:thayer187@yahoo.com) or 518-928-0032 | | Please mail signed application to:  Blue Mountain Lake Club, Inc.  Lou Thayer, President  187 Main Street  South Glens Falls, NY 12803 | |
| Club use only | | | |
| Date Application Received: | | Date Application Approved/Disapproved: | |
| Name of Club Officer or Board Member reviewing this application: | | | |
| Signature of reviewer: | | | Date: |