



**2025 PARENT OF A WILLIAMS COLLEGE MEMBERSHIP  
APPLICATION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Student's Class Year \_\_\_\_\_

Home address: \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Tel: \_\_\_\_\_

Business or Profession: \_\_\_\_\_

Other members of the family who are included in this application: (golfing only)

Spouse:  
\_\_\_\_\_

Other golf clubs of which applicant is a member:  
\_\_\_\_\_

Signature: \_\_\_\_\_

By signing this application I hereby certify that I am the parent of a current Williams College student and that I do not own or have substantial use of a residence within 50 miles of Taconic Golf Club.

**2024 Non-Resident Parent Membership**

Parent \$988 per year

Parent and Spouse \$1,893 per year

\$300 minimum Food and Beverage Single

\$600 minimum Food and Beverage Couple