

TURKEYFOOT ISLAND CLUB

2025 Season Membership Application

Check One: ____Household (2 Persons) Introductory Rate: \$575

___Single Membership Introductory Rate: \$400

Island Club	Mr. □ Mrs. □ Ms. □ Dr. □	
	Applicant's Name	Date
	Names as you would like them to app	pear on name tags
	Street Address	
	City, State, Zip	Primary Phone
	Winter Street Address if appl.	
	City, State, Zip	Winter Phone
	E-mail address	3
	Occupation	
	Interests & hobbies	
	Please add two re	eferring members
The same of the sa	Referring Member's Name	Referring Member's Name

Please return to: Tim Smith, 321 Mt Pleasant Rd, Clinton, OH, 44216. Make check payable to: TURKEYFOOT ISLAND CLUB

