

2022 Shelridge Country Club New Member Application

Name in Full _____ Birth Date: _____

Name of Spouse: _____ Birth Date: _____

Residence Address: _____ City: _____ State: _____ Zip: _____

Phone (Cell): _____ Phone (Home): _____

Email Address: _____ Email Address (spouse): _____

Full Name and Birth Date of Each Child:

1. _____ 3. _____

2. _____ 4. _____

Membership: All Memberships are Family (includes dependents up to age of 23) =

- \$1,080.00 _____ (Includes Sales Tax \$1,000.00+ \$80.00 Sales Tax)
- \$1,566.00 _____ (Includes Sales Tax \$1,450.00 + \$116.00 Sales Tax, additional person for cart
Add \$300 per person) **** This is for 1 Person -

Additional Fees:

- 2022 Ghin. Range & HIO Insurance (\$60.00) _____ (Additional \$35.00 Per Person for Ghin Hdcp)

Current Ghin # _____

*** Minimum Deposit down is \$500 – Remainder of Dues can be paid with approved payment plan

Method of Payment

Cash : _____ Check: _____ Credit Card _____

Upon this application being approved for membership by the Board of Directors of Shelridge Country Club, I (we) understand that I am (we are), active members and are subject to regular monthly dues and fees and assessments. I (we) also agree to abide by the By-Laws and all the rules and regulations of the Club, including any and all changes and modifications thereto.

Applicant Signature: _____ Date: _____

Board Approval: _____ Date: _____

Please Mail Application to: Shelridge Country Club, P.O Box 144, Medina, NY 14103
Attn: Membership Committee
Golf Shop : 585-798-0391
Brett Decker 716-310-5278