

Oneida Community Golf Club Membership Application - 2023



Pro Shop: 315-361-6111
Website: oneidagolf.com

Please check membership category selected (Not subject to sales tax)

	Full Pay Amount By: 2/1/23	Installment Plan Monthly Amount 1/1/23 thru 12/1/23
<input type="checkbox"/> Single under age 65	\$1,150	\$95/mo.
<input type="checkbox"/> Couple under age 65*	\$1,500	\$125/mo.
<input type="checkbox"/> Jr. Single under age 35	\$750	\$62/mo.
<input type="checkbox"/> Jr. Couple under age 35*	\$950	\$79/mo.
<input type="checkbox"/> Sr. Single over age 65	\$950	\$79/mo.
<input type="checkbox"/> Sr. Couple over age 65*	\$1,300	\$108/mo.
<input type="checkbox"/> Student (must be FT student under 23 years of age)	\$400	N/A

*Eligibility for Couples category rates requires that at least one of the applicants qualifies by age as of April 1, 2023.

Full members, excluding Student, who pay dues in full together with member assessment of \$180 by February 1, 2023, will receive a gift card valued at 10 percent of the full dues amount; (ie. Couple under age 65 will receive \$150 gift card, which can be used for green fees, cart fees and all restaurant purchases, but not merchandise in the pro shop).

LIMITED SINGLE MEMBERSHIP OPTION \$500 (includes \$50 assessment) must be paid in full by April 15, 2023, in order to qualify for League play.

Covers twenty (20) nine-hole rounds with cart on Monday, Tuesday and Wednesday only. Rounds can be used in league play on Monday-Wednesday. Golf and cart fees are not transferable and are not refundable. Installment payments not available.

Does not include reciprocal privileges but allows participation in all club tournaments with applicable green fees and cart fees.

Member Name: _____ Phone: _____

Member Name (if joining as a Couple Membership): _____

Address _____ Email: _____

If you are a new member, were you referred to join by an existing member of Oneida Community Golf Club? yes no

If yes, what is the member's name? _____

The following persons are included in my Membership Application as members of my household. Dependents under the age of 23 years old who reside in the same household as the applicant can be added to the membership for \$100 per person.

	Age as of 4-1-23	GHIN*
Person #1 _____	_____	yes / no
Person #2 _____	_____	yes / no
Person #3 _____	_____	yes / no

*\$25 additional charge per player

Total Amount Due: \$ _____ check here if you want to use installment plan

.....
If paying by check, make payable to:

Oneida Community Golf Club
P.O. Box 9
Sherrill, New York 13461

Payments made by credit card or debit card are subject to 3.5% service charge.

Paying by credit/debit card, check one: Visa Mastercard American Express

Card number: - - -

Print name on card: _____

Signature: _____

Expiration Date: ____/____/____ Phone number: _____

Zip Code of billing address: _____