

# 2023 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. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## 2023 Membership: All Memberships are Family (includes dependents up to age of 23) =

- \$1,200.00 \_\_\_\_\_ (Includes Sales Tax \$1,111.11 + \$88.89 Sales Tax)

### Unlimited Cart for 1 Person (additional \$300.00 to add a 2<sup>nd</sup> Person)

- \$1,650.00 \_\_\_\_\_ (Includes Sales Tax \$1,527.77 + 122.23 Sales Tax)

## Additional Fees: Each Year

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

Current Ghin # \_\_\_\_\_

\*\*\* Minimum Deposit down is \$300 – 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