

# 2024 Shelridge Country Club New Member Application

## Young Adult – Under 30

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. \_\_\_\_\_

**Membership: This Membership is for a young adult up to age of 30**

- \$650.00 \_\_\_\_\_ (Includes Sales Tax \$601.85 + \$48.15 Sales Tax)

**With Unlimited Cart for 1 Person (Additional Person \$300.00):**

- \$1,200.00 \_\_\_\_\_ (Includes Sales Tax \$1111.11 + \$88.89 Sales Tax, additional person for cart  
Add \$300 per person)

**Additional Fees:**

- 2024 Ghin. Range & HIO Insurance (\$75.00) \_\_\_\_\_ (Additional \$35.00 Per Person for Ghin Hdcp)  
Current Ghin # \_\_\_\_\_

\*\*\* Minimum Deposit down is \$200 – 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:  
Attn: Membership Committee  
Shelridge Country Club  
P.O Box 144  
Medina, NY 14103

Golf Shop : 585-798-0391  
Brett Decker 716-310-5278

