

2025 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) =

Without Cart:

- \$1,600.00 _____ (Includes Sales Tax \$1,481.48 + \$118.52 Sales Tax)

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

- \$2,300.00 _____ (Includes Sales Tax \$2,129.63 + \$170.37 Sales Tax, additional person for cart Add \$300 per person)

Additional Fees:

- 2025 Ghin. Range & HIO Insurance (\$100.00) _____ (Additional \$40.00 Per Person for Ghin Hdcp)

Current Ghin # _____

*** Minimum Deposit down is \$400 – 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
Attn: Membership Committee
P.O. Box 144
Medina, NY 14103

Golf Shop (585) 798-0391
Brett Decker (716) 310-5278
Email Shelridge1959@gmail.com

