

2025 Shelridge Country Club Social 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): _____

Social Membership:

- \$50.00 _____ (Includes Sales Tax \$46.30 + \$3.70 Sales Tax)

Method of Payment

Cash : _____ Check: _____ Credit Card _____

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