

2026 Shelridge Country Club Junior & College Member Application

Name of Applicant _____ Birth Date: _____

Residence Address: _____ City: _____ State: _____ Zip: _____

Phone (Cell): _____ Phone (Home): _____

Email Address: _____

High School _____ Year Graduating _____

College _____ Year Graduating _____

Emergency Contact _____ Relation to Applicant _____

Membership:

- \$200.00 _____ Junior Membership Eligible through year of High School graduation (\$185.18 plus 14.82 Sales Tax)
- \$400.00 _____ College Membership Eligible through year graduation of college includes Graduate school (\$370.36 plus \$29.64 Sales Tax)

Optional Fees:

- Ghin (Hdcp) (\$50.00) _____ (available for College Membership)

Method of Payment

Cash : _____ Check: _____ Credit Card _____

Upon this application being approved for membership by the Board of Directors of Shelridge Country Club, I understand that I agree to abide by the By-Laws and all the rules and regulations of the Club.

Applicant Signature: _____ Date: _____

Board Approval: _____ Date: _____

Please Mail Application to: Shelridge Country Club, P.O Box 144, Medina, NY 14103
Attn: Membership Committee