

# 2026 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:**

- \$1,500.00 \_\_\_\_\_ (Includes Sales Tax \$1,388.89 + \$111.11 Sales Tax)

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

- \$2,200.00 \_\_\_\_\_ (Includes Sales Tax \$2,037.04 + \$162.96 Sales Tax, additional person for cart Add \$300 per person)

**Additional Fees:**

- 2026 Ghin. Range & HIO Insurance (\$125.00) \_\_\_\_\_ (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: **Member Referral (if applicable)** \_\_\_\_\_

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

