



## SHELDRIDGE COUNTRY CLUB

### 2026 Social Membership Form

#### APPLICANT INFORMATION

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Spouse Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

#### RESIDENCE

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### CONTACT DETAILS

Mobile Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Spouse Email Address: \_\_\_\_\_

#### MEMBERSHIP ACKNOWLEDGMENT

I hereby submit this form for Social Membership at Shelridge Country Club. I understand and agree to comply with all club rules, policies, and standards of conduct.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Interest in Membership (circle all that apply):

restaurant access      community feel      patio seating      live bands  
special events (if so, any in particular? \_\_\_\_\_)      other: \_\_\_\_\_

Return this form to Shelridge Country Club, mail below, or email to address below.