



Application for Membership

Date: _____

Your Name: _____

Street Address: _____

City, State, Zipcode: _____

Telephone Number: _____

eMail Address: _____

Sponsored by: _____
(Two Club Members
Must Sponsor You) _____

What other Golf Clubs do you belong to? _____

Do you have a USGA GHIN Handicap? ____ GHIN Number: _____

Signature: _____

The following fees are due at time of application:

- Application & Initiation Fee \$70 (first year only)
- Annual Club Dues \$80 (first year and yearly thereafter)

Make a check for **\$150** payable to **Sheridan Park Golf Club** and mail it to the following address:

Sheridan Park Golf Club
P.O. Box 99
Kenmore, NY 14217

Accepted applicants will be contacted by our Handicap Chairman to discuss establishing a USGA handicap.