



Sheridan Park Golf Club

APPLICATION FOR MEMBERSHIP

Name: _____ Date: _____

Address: _____

City, State, Zip: _____

Telephone Number: ____ (____) _____

eMail Address: _____

Are you a member of any other golf clubs? Yes No

If so, name: _____

Do you have a USGA GHIN Handicap? Yes No GHIN #: _____

Signature: _____

Annual membership fee is \$120. Make checks payable to: Sheridan Park Golf Club

* Mail check and completed Application for Membership to:

Sheridan Park Golf Club
c/o Mark Dominguez
5014 Callan Drive
Lewiston, NY 14092

More Information can be found at:

<http://www.sheridanparkgolfclub.com/>

<https://www.facebook.com/groups/sheridanparkgolfclub/>

<https://twitter.com/SheridanGolf>

https://www.instagram.com/sheridanpark_golfclub/

