



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

2023 Club Dues: \$150.00

Optional Add-On - Hole-in-One Club: Yes: _____ (add \$10.00)

Members who add this to their membership will claim a share of the pool for having a Hole-in-1 at Sheridan (only) that is witnessed and verified by another Sheridan Club Member.

Full details on the Hole-in-One Club can be found at:

<http://www.sheridanparkgolfclub.com/bylaws/hole-in-1-club>

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

For more info:

Website:

<https://www.sheridanparkgolfclub.com/Membership>

Facebook:

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

Questions? Email

SheridanParkGolfClub@gmail.com

