



Application for Membership

Date: _____

Your Name: _____

Street Address: _____

City, State, Zipcode: _____

Telephone Number: _____

eMail Address: _____

Sponsored by: _____
(A Club Member
Must Sponsor You)

What other Golf Clubs do you belong to? _____

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

Signature: _____

The annual membership fee for all members (including new members) is \$120. Make a check for **\$120** payable to **Sheridan Park Golf Club** and either drop it off at Lindner's Golf Shop across the street from the course or mail it to the following address:

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

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