EST. 1934

SHERIDAN PARK GOLF CLUB

www.SheridanParkGolfClub.com

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 following fees are due at time of application:

- **Application Fee** **$50 (first year only)**
- **Annual Club Dues** **$120 (first year and yearly thereafter)**

Make a check for $170 **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