



### Young Adult Membership 2024

<u>Membership Category</u>	<u>Annual Dues</u>
Age 22 and under	\$325
Age 23 to 35	\$625

\* This membership includes unlimited golfing privileges for household family members listed on application.

\* GHIN included for the primary member only

### Adult Membership 2024

<u>Membership Category</u>	<u>Annual Dues</u>
Single (Age 36+)	\$1,225
Family (Age 36+)	\$1,425

\* Dependent Child(ren) under the age of 18, and living in the household are included under a family membership.

\* GHIN included for the primary member only

### Senior Membership 2024

<u>Membership Category</u>	<u>Annual Dues</u>
Single (Age 80+)	\$325
Family (Age 80+)	\$525

\* First year is free if you have been a member for 20+ years. (GHIN included for primary member only)

### Flex Membership 2024

<u>Membership Category</u>	<u>Annual Dues</u>
Single (Age 36+)	\$825
Family (Age 36+)	\$1,025

\* This membership includes unlimited golfing privileges **Sunday after 1:30 & Monday - Thursday**. GHIN included for primary member only

### After 4 pm Membership 2024

<u>Membership Category</u>	<u>Annual Dues</u>
After 4 pm Membership (Single)	\$425
After 4 pm Membership (w/Spouse)	\$525

\* This membership includes 9 holes, Sunday—Thursday, GHIN is included for the primary member only, spouse can be added for an additional \$100 (GHIN not included). Dependents under the age of 18 and living in the household are included in this membership when listed on the application (GHIN not included)

## 2024 Member Application

Please indicate Membership Category: \_\_\_\_\_ Annual Cost: \_\_\_\_\_

Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number : \_\_\_\_\_

Email: \_\_\_\_\_

Please provide the following information for household family members/dependents:

<u>Name</u>	<u>Date of Birth</u>
1.) _____	_____
2.) _____	_____
3.) _____	_____
4.) _____	_____

## Payment Information

Elkdale Country Club will accept payment in the form of cash, check or credit card. Please make all checks payable to Elkdale Country Club.

Payment Method:

Cash

Check

Credit Card

Credit Card Information:

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ CSV Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Mail Address: P.O Box 544 Salamanca, NY 14779.

Email Address: [dennyselkdale@gmail.com](mailto:dennyselkdale@gmail.com) OR [janice.elkdale@gmail.com](mailto:janice.elkdale@gmail.com)

Please send me information on how I can become a Certificate Holder

Yes, I am interested in working with a committee. Please have a Board Member contact me @ \_\_\_\_\_

