

### Young Adult Membership

<u>Membership Category</u>	<u>Annual Dues</u>
Under 23	\$300
Age 23 to 35	\$600
Age 36 to 39	\$850

\* This membership includes unlimited golfing privileges for the **entire family**.

### After 4pm Membership

<u>Membership Category</u>	<u>Annual Dues</u>
After 4pm Membership	\$400

\* This membership includes golfing privileges for the **entire family** anytime **after 4pm** during the week or weekend. Members in this category are also eligible to play in week day leagues.

### Adult Membership

<u>Membership Category</u>	<u>Annual Dues</u>
Single (Over 40)	\$1,185
Family (Over 40)	\$1,400

\* Dependent Child(ren) under age of 18 included under a family membership.

### Senior Membership

<u>Membership Category</u>	<u>Annual Dues</u>
Single (Age 80+)	\$300
Family (Age 80+)	\$500

\* First year free if member has been a member for 20+ years.

### Flex Membership

<u>Membership Category</u>	<u>Annual Dues</u>
Single (Over 40)	\$800
Family (Over 40)	\$1,145

\* This membership includes unlimited golfing privileges **Monday - Thursday**.

\*Age is determined **as of January 1st**

\*\*All Membership categories are eligible to play in the MGA weekend tournaments which include: Spring & Fall Scrambles, Gross & Net Skins, Two-Man Scramble, Father Son and Two-Man Best Ball.



### Member Application

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

Member Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

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

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

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

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

Please provide the following information for family members/dependents:

<u>Name</u>	<u>D.O.B</u>	<u>Phone Number</u>	<u>Email</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: [dennyelkdale@gmail.com](mailto:dennyelkdale@gmail.com)