

**ST. LAWRENCE GOLF & COUNTRY CLUB
MEMBERSHIP APPLICATION 2016**

(Please fill out completely)

DATE OF APPLICATION: _____

LAST NAME: _____

FIRST NAME(S): _____ **D.O.B.*** ___ / ___ / ___

Spouse/Partner: _____ **D.O.B.*** ___ / ___ / ___

Children's Names: _____ **D.O.B.*** ___ / ___ / ___

_____ **D.O.B.*** ___ / ___ / ___

ADDRESS: _____

TOWN: _____

STATE/ZIP CODE: _____

TELEPHONE: Home: _____

***EMAIL: Required** Email: _____

MEMBERSHIP CATEGORY: _____

REFERRED BY: _____

FEE: _____

CART PASS: _____

RANGE PASS: _____

TOTAL: _____

PAYMENT: Note: Please make check payable to Best Western University Inn:

SIGNATURE OF APPLICANT: _____

**Mail to: Best Western University Inn
90 East Main St.
Canton, NY 13617**