



2018 St. Lawrence Golf & Country Club Membership Application



(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: _____

Best Western Fee: _____

SLG&CC Dues: _____

Cart Pass: _____

Range Pass: _____

Course Improvement Donation: _____ \$ _____

TOTAL: _____

SIGNATURE OF APPLICANT: _____

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

***Please make Checks Payable to Best Western University Inn**