



2024 Membership Application

Date of Application: _____

Name: _____

_____ D.O.B. ____/____/____

Spouse/Partner (if joining) _____ D.O.B. ____/____/____

Children's Names (if joining) _____ D.O.B. ____/____/____

_____ D.O.B. ____/____/____

Address: Street/Town _____/_____

State/Zip Code _____/_____

Telephone /EMAIL _____/_____

Check here to NOT receive emails from Pro Shop

Membership Category: _____ BW \$ _____

Events: SLGCC **Single \$ 75 / Couple/Family \$ 125** + \$ _____
(Member sponsored events and GHIN handicap) **Youth/College \$35**

Cart Pass (Unlimited) Single Seat \$ 525 / Two Seats \$ 725 + \$ _____

Range Fee: Single \$ 175 / Family \$ 225 + \$ _____

Course Improvement Donation: _____ + \$ _____

Total: _____ \$ _____

Signature of Applicant: _____

****Please make checks payable to Best Western University Inn -Member Rates found at staystlawrence.com**

Mail to: Best Western University Inn
90 East Main Street
Canton, New York 13617