



2020 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 _____/_____

Membership Category: _____ BW \$ _____

Adjustments: (5% off Membership category if paid before March 1st) _____ -- \$ _____

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

Cart Pass (Unlimited) Single Seat \$ 460 / Two Seats \$ 660 + \$ _____

Range Fee: Single \$ 150 / Family \$ 200 + \$ _____

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

Attn: Craig Siddon