STADIUM GOLF CLUB, INC. 333 JACKSON AVENUE SCHENECTADY NY 12304 518-374-9104/518-393-9269 fax

2024 MEMBERSHIP APPLICATION

PLEASE COMPLETE AND MAIL WITH THE APPROPRIATE CHECK/CREDIT CARD Non Transferable, Non Refundable, and does not include league play or tournaments.

NAME ADDRESS		PHONE	
		EMAIL	
CITY	STATE	ZIP	
	<u>UNI</u>	IMITED PLAY OPTIONS	
	GO	LF ONLY \$2500.00	
		ndd \$650 for spouse 10 for child under 18 yrs old	
	GOLF V	VITH CART \$3250.00	
	Ad	d \$1500.00 for spouse	
EMERGENCY	CONTACT		
NAME		PHONE (CELL)	
ADDRESS		EMAIL	
CITY Non-Transfer	STATE able, Non-Refundable, and	ZIP d does not include league plo	ay or tournaments
Please charg	e my Mastercard,Visa,Ame	ex in the amount of \$	for my season ticket dues
Credit Card #	#	Expiration date	
Name/Addre	ess as appears on card		
Signature to a	authorize charge		
We will mai	l you a copy of your receip	ot so be sure to fill out the top	of this form