

STADIUM GOLF CLUB, INC.

333 JACKSON AVENUE
SCHENECTADY NY 12304
518-374-9104/518-393-9269 fax

2025 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 PHONE

ADDRESS EMAIL

CITY STATE ZIP

UNLIMITED PLAY OPTIONS

GOLF ONLY \$2600.00_____

Add \$650 for spouse
Add \$300 for child under 18 yrs old

GOLF WITH CART \$3400.00_____

Add \$1500.00 for spouse

THERE WILL BE A SINGLE RIDER CART FEE CHARGED IN 2022 IF YOU CHOSE TO RIDE ALONE

EMERGENCY CONTACT

NAME PHONE (CELL)

ADDRESS EMAIL

CITY STATE ZIP

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Please charge my Mastercard, Visa, Amex in the amount of \$_____ for my membership.

Credit Card # _____ Expiration date _____

Name/Address as appears on card _____

Signature to authorize charge _____

We will mail you a copy of your receipt so be sure to fill out the top of this form