

Sacandaga Golf Club

128 Pine Ave, Northville NY 12134
Phone: (518) 863 4887



Since 1888

2018 Membership Application

Name: _____

Phone: _____

Email Address: _____

Cell: _____

Summer Mailing Address:

Winter Mailing Address:

(Street or P.O. Box)

(Street or P.O. Box)

(City)

(City)

(State) _____
(Zip)

(State) _____
(Zip)

Membership Type: (Check all that Apply)

Single: _____ Couple: _____ Family: _____ Senior: _____ Junior: _____ w/Cart: _____

Additional Person(s) on Couple or Family Membership

Name:

Relationship:

*Married / Same Household

*2 Adults/ 2 Children

Method of Payment

- 1. Check_____
- 2. Money Order_____

Amount Paid \$_____

THIS MEMBERSHIP IS NON-TRANSFERABLE

SGC USE:

Method of Payment: Cash___Check#_____

Amt Rcvd: \$_____

Date Rcvd:___/___/_____

Balance Due: \$_____

Emp Initials:_____

**Mail to
Great Sacandaga Golf Management LLC
41 Watchung Plaza
Montclair NJ 07042**