*Shelter Island Country Club 2022 Membership Application**

***<u>Early Bird Renewal Application</u> - Avoid 5% Dues Increase - Renew by Dec. 31, 2021**

Contact Information	***Please print clearly***
Name (1)	E-mail (1)
Name (2)	E-mail (2)
Local P.O. Box	Winter P.O. Box or Street Address
SI Post Office or Town and Zip	Town/State/Zip
Phone (1)	Cell Phone (1)
Phone (2)	Cell Phone (2)

Membership Categories and dues for Regular and First Responder/Veteran* (Check all that apply)

Single.....**Reg. ☐ $ 550** **FR/V ☐ $ 495**	Junior Name(s) & Age(s)
Couples.....**Reg.☐ $ 890** **FR/V ☐ $ 800**	
Seniors over **60:**	_____ _
Single..... **Reg.☐ $ 522** **FR/V ☐ $ 470**	_____ _
Couples..... **Reg.☐ $ 848** **FR/V ☐ $ 763**	_____ _
Family with **Juniors** under **18:**	
Two Parent Players.. **Reg.☐.$ 954** **FR/V ☐ $ 859**	_____ _
One Parent Player**.... Reg.☐.$ 657** **FR/V ☐ $ 591**	*Include contact info if desired.*
Junior under 18, solo... Reg.☐.$ 179 **FR/V ☐ $ 161**	**PLEASE MAKE A DONATION!**
Social - No golf benefits	**I would like to make a Tax Deductable donation for Club operation and golf course maintenance.**
Single..... **Reg.☐. $ 119** **FR/V ☐ $ 108**	**Donation Amount:**
Couple..... **Reg.☐.$ 179** **FR/V ☐ $ 161**	$_____
Optional Fees: **Member Cart Space Fee**.....**☐ $179** *Limited spaces available. Separate usage agreement.*	**Shelter Island Municipal Golf Course, Inc. Board of Trustees thanks you for your generosity!**
All golf members should have a MGA Handicap Index! **Metropolitan Golf Association Membership Fee:** **☐ $35** **Please <u>add $35 per player</u> to maintain a MGA Handicap Index to be eligible to play in certain Club Tournaments.**	(501 (C) (3) Designated Charity EIN 83-3886098)

*First Responder and Military Veteran Dues above include a 10 % discount as a thank you for their service. Rates above include New York State and Suffolk County sales tax.

Enclosed Payment for Membership Dues & Donation $_____

Make **checks** payable to: **Shelter Island Municipal Golf Course, Inc**., P.O. Box 852, Shelter Island Heights, NY, 11965

<u>Credit Card Payment</u> Signature: _____

Name on Card: _____

Card #:_____

Billing Postal Code: _____ Exp. Date: Month: ____ Year: ____ Email Credit Card Receipt? Yes____ No_____