



## 2026 Annual Membership Application

Name of Primary Member: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Type of Membership: Full \_\_\_\_\_ Weekday Only: \_\_\_\_\_

Single: \_\_\_\_\_ Couple: \_\_\_\_\_ Senior: \_\_\_\_\_ Junior: \_\_\_\_\_

Names of Additional Family Members and Telephone Numbers:

\_\_\_\_\_

Total: \_\_\_\_\_

Please make checks payable to:  
Green Ridge Golf Club  
204 Gregory Road (PO Box 163, if mailing)  
Johnson, NY 10933  
845-355-1317  
greenridgegolf@hotmail.com  
[www.greenridgegolfclub.com](http://www.greenridgegolfclub.com)

Date Received:

Check Amount: