



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

Date Received:

Check Amount: