## BEDFORD CREEK GOLF COURSE 12870 STATE Rte. 3, P. O. BOX 70 SACKETS HARBOR, N. Y. 13685

(315) 646-3400

## BCGC e-mail: info@bedfordcreekgolf.com APPLICATION FOR SEASONAL MEMBERSHIP 2025 SEASON

NAME(S)			,			
p	olease print (	(last)	(first)	(first)		
ADDRESS	(Summer)		(Winter - if dif	fferent)		
/ 11						
nine hole, dail Wehr, incorpor	y fee, indiv rated under r Federal Ta	idually owned the laws of N	d, golf course, owned b New York State. I real	I understand that this is a by David W. Wehr and Barbara M. ize that the fee may not include fixed fees for any optional services as may be		
				bylaws of Bedford Creek Golf Course, refundable or transferable. This is a no		
protected plan.		, , , , , , , , , , , , , , , , , , , ,				
			Dat	e		
(2)			Date	Date		
_	•					
-Do not tear o	<u>ff</u>					
Type of m	embership _		Notes:			
Single Payme						
Amount I	Oue	Paid	Ck#/Cas	Ck#/Cash		
Paid in full			Date			
	(Course	e Rep. Signat	ure)			
Installment Pa	ayments					
	•	Date	Ck.#/Cash	Balance		
Amount F	Paid	Date	Ck.#/Cash	Balance		
Amount F	Paid	Date	Ck.#/Cash	Balance		
Please N	<b>Vote: Initia</b>	l installment	payment to be 50%	of total amount due.		
	1 0		, 1	t is due <u>BY</u> July 1, 2024		
			_	added after July 1st.		
_	ed application	on and deposi	t required to be consid	lered a member		
**						
			Course Rep			
Date		Signature)		(Signature)		
	Paid ii	ı full	Dan Cianatura)	Date		
		(Course	Rep. Signature)			