BEDFORD CREEK GOLF COURSE

12870 STATE Rte. 3, P. O. BOX 70
SACKETS HARBOR, N. Y. 13685
(315) 646-3400
BCGC e-mail: bedfordcreekgolfcourse@gmail.com

APPLICATION FOR SEASONAL MEMBERSHIP

2026 SEASON

NAME(S) _____ , _____, _____
please print (last) (first) (first)

ADDRESS (Summer) (Winter - if different)

_____ _____
_____ _____
_____ _____
(telephone) _____ _____
(e-mail) _____

I/We are applying for seasonal golf privileges only. I understand that this is a nine hole, daily fee, individually owned, golf course, owned by David W. Wehr and Barbara M. Wehr, incorporated under the laws of New York State. I realize that the fee may not include fixed Local, State, or Federal Taxes if applicable, or such optional fees for any optional services as may be made available.

I/We agree to abide by all of the rules, regulations and bylaws of Bedford Creek Golf Course, and understand that once committed, seasonable fees are non-refundable or transferable. This is a non-protected plan.

Applicant(s) (1) _____ Date _____
(2) _____ Date _____

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-**Do not tear off**----------

Type of membership _____Notes: _____

Single Payment

Amount Due _____ Paid_____ Ck#/Cash_____

Paid in full ___ _____ Date _____
(Course Rep. Signature)

Installment Payments

Amount Paid _____ Date _____ Ck.#/Cash _____ Balance _____
Amount Paid _____ Date _____ Ck.#/Cash _____ Balance _____
Amount Paid _____ Date _____ Ck.#/Cash _____ Balance _____

Please Note: Initial installment payment to be 50% of total amount due.
If payment is in installments, final payment is due BY July 1, 2026
A late fee of 10% of unpaid balance will be added after July 1st.

** signed application and deposit required to be considered a member
**

Applicant signature_____ Course Rep. _____
Date_____ (Signature) (Signature)

Paid in full _____ Date_____
(Course Rep. Signature)