



# The Buffalo Golf Club

## Buffalo's Oldest Municipal Golf Club



*Established in 1912*  
MEMBER of the USGA and WNYPLGA  
**Playing at Grover Cleveland Golf Course, site of the 1912 U.S. Open**  
[www.bgcgolfclub.com](http://www.bgcgolfclub.com)

### Membership Application

#### Personal Information – please print

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alt Phone (mobile / work): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

#### Employment Information

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

#### Golfer Information

Member of any other golf club? Yes / No Name of club: \_\_\_\_\_

Have an established handicap? Yes / No If Yes, what is it? \_\_\_\_\_ Issued by? \_\_\_\_\_  
*If you do not have a USGA handicap, we will issue one after you have submitted five recent scores*

Would you be willing to serve on a BGC committee? Yes/No

Why do wish to join the BGC? \_\_\_\_\_

#### Affidavit

I hereby apply for active membership in the Buffalo Golf Club. I certify that all information on my application is true and accurate, and that I am at least twenty-one years of age. I acknowledge that the first year's dues for a new/returning member are **\$120.00**, and that dues will be **\$95.00** each year thereafter (**unless raised by the BGC**). The first year's dues must accompany this application for it to be considered for approval by the BGC Membership Committee. I understand that I will be charged the full first year dues to be reinstated in the BGC if I allow my membership to lapse for a year or more without obtaining a leave of absence from the Board of Directors. Dues may be paid at any club event, or mailed as a check or money order with a completed application (no cash through the mail) to the **Buffalo Golf Club, c/o Al Attea, 707 Sterling Drive, Orchard Park, NY 14127**

**=====>You will be notified as soon as the Membership Committee reviews your application. If for some reason your application is not approved, the entire amount will be refunded.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Two (2) active club members in good standing must vouch for your membership below:

I, \_\_\_\_\_, vouch for the applicant \_\_\_\_\_  
(Print member's full name) (Member's signature)

I, \_\_\_\_\_, vouch for the applicant \_\_\_\_\_  
(Print member's full name) (Member's signature)