

IREM COUNTRY CLUB  
SHRINER MEMBERSHIP  
70 RIDGWAY DRIVE  
DALLAS, PA 18612

Pro Shop: 570-675-4653 Office: 570-675-4465, ext. 241 [www.iremcc.com](http://www.iremcc.com)

2024 SHRINER GOLF MEMBERSHIP APPLICATION

I hereby make application for membership in the Irem Golf Association and agree, in signing this application, to conform to the constitution, by-laws, articles of incorporation and all the rules and regulations of Irem Golf Association and Irem Shrine & Country Club.

NAME: \_\_\_\_\_ MEMBER #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ANNUAL COST

Single – age 24 & under - \$1800

Single age 80+ - \$1200

Singe – age 25-34 - \$2000

Family age 69 & under - \$3000

Single age 35 -69 - \$2600

Family age 70+ - \$2600

Single age 70 – 79 - \$2200

Spouse - \$1800

FOR FAMILY MEMBERSHIPS, COMPLETE THE FOLLOWING

Spouse's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Children under age 18 or full time student under age 23

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Memberships must be paid in full or through ACH. A 3% processing fee will be charged for credit card transactions \$100 & over.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IF REFERRED BY AN IREM GOLF MEMBER, PLEASE INCLUDE NAME: \_\_\_\_\_