



2018 MEMBERSHIP APPLICATION

Greene County Country Club
P.O. Box 156
Jefferson, PA 15344
724-883-4880
724-883-4977
www.greenecountycc.com

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

Type of Membership: (Please check one from the following.)

	Individual	Family*
1st Year Introductory	<input type="checkbox"/> \$450	<input type="checkbox"/> \$550
2nd Year Introductory	<input type="checkbox"/> \$650	<input type="checkbox"/> \$750
3rd Year Introductory	<input type="checkbox"/> \$850	<input type="checkbox"/> \$950
35 & Under	<input type="checkbox"/> \$1,050	<input type="checkbox"/> \$1,250
Full	<input type="checkbox"/> \$1,300	<input type="checkbox"/> \$1,550
Returning	<input type="checkbox"/> \$850	<input type="checkbox"/> \$950
65+ (New Members/Weekday Only)	<input type="checkbox"/> \$250	
Junior	<input type="checkbox"/> \$350	

***Family Information:** Please provide names and birth dates of family members that will be included in the Family Membership. A child's membership shall expire when that child reaches the age of (18), unless that child is attending college or school beyond high school. This does not include additional schooling such as graduate schools, pre med., etc.

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|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

I hereby apply for membership for Greene County Country Club, and agree to pay the required dues and fees in the amounts fixed by the By-Laws for the membership for which application is being made, and which are in effect during the time I remain a member. All dues set are subject to change by the Board of Governors.

Signature of Applicant: _____ Date: _____

Sponsored By: _____ Approval Date: _____