



2019 POOL 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 select one from the following.)

_____ Individual (**\$50**)

_____ Family (up to 5) (**\$100**)

*Family Information: Please provide names and birth dates of family members that will be included in the Family Pool Membership

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

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:** _____