



Membership Application

182 Lake Road • Tobyhanna, Pennsylvania 18466 • 570-225-0112
www.poconofarmsgolf.com

Type of Membership Desired

Check One:

Membership Category	Current Annual Dues	-25% Discount
New Member		
<input type="checkbox"/> Single	\$1,075	\$807
<input type="checkbox"/> Head of Household & Spouse	\$1,825	\$1,369
<input type="checkbox"/> Dependent Child*	\$375	\$282
Weekday		
<input type="checkbox"/> Individual	\$675	\$507
<input type="checkbox"/> Under 21	\$425	\$319
Member of Another Club		
<input type="checkbox"/> Member of Another Private Club	\$1,175	\$882

Note: Rates include a \$13.00 handicap fee.

Daily Greens Fees:

Resident Non-Member & Guest w Cart	Weekday	Weekend
9 Holes	\$26.00	\$31.00
18 Holes	\$46.00	\$51.00
Member Cart Fees	Weekday	Weekend
9 Holes	\$12.00	\$12.00
18 Holes	\$23.00	\$23.00
Book of 6 Guest Passes		\$240.00

PAYMENT PLAN—If you join as a Member in 2017, you may take advantage of our Payment Plan. This is a direct debit payment plan and there is a \$50.00 fee for this plan.

DEPENDENT CHILDREN—Are defined as 25 years and under, and living at home full time, or full time students.

**Dependent Child rate applies only with a full paid membership.*

MEMBER OF OTHER PRIVATE CLUB—This category is open to those who are members of another Philadelphia, Metro, or New Jersey section PGA Club. A letter from that Club's Golf Professional or General Manager stating that you are a full golf dues paying member of that club is required in order to receive this membership.

NEW MEMBER—If you join as a New Member, you may join into the Premium Category for an additional \$200 per year for ten years (\$2,000 total) or you may also pay the \$2,000 all at once. You will then be entitled to cart fees at \$9.00/\$17.00.

REFERRAL PROGRAM—Refer a full member and receive \$100 in food credit at the clubhouse. Refer a junior, weekday or member of another private club and receive \$50 in food credit at the clubhouse.

This program does not apply for under 21 weekday memberships.

Personal Information

Name _____

Primary Address _____
Street City State Zip Code

Alternate Address _____
Street City State Zip Code

Length of Time at Primary Address _____ Social Security Number _____

Home Telephone Number _____ Cell Phone Number _____

Date of Birth _____ E-mail Address _____

Spouse's Name _____ Spouse's E-mail Address _____

Spouse's Date of Birth _____ Spouse's Social Security Number _____

Spouse's Home Telephone Number _____ Spouse's Cell Phone Number _____

Single Married Divorced Widowed Wedding Anniversary Date _____

Please list your dependent children under the age of twenty-five.

Name	Date of Birth	Male	Female
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Business Information

Applicant's Occupation and/or Nature of Business or Profession _____ Retired

Name of Company _____ Title _____

Business Address _____
Street City State Zip Code

Business Telephone Number _____ Business Fax Number _____

Years in Present Employment _____ E-mail Address _____

Spouse's Occupation and/or Nature of Business or Profession _____ Retired

Name of Company _____ Title _____

Business Address _____
Street City State Zip Code

Business Telephone Number _____ Business Fax Number _____

Years in Present Employment _____ E-mail Address _____

Statement & Newsletter Preference

E-mailed Newsletters

Home E-mail

Business E-mail

E-Mailed Statements

Home E-mail

Business E-mail

I prefer to receive my general mail at:

Home

Business

Do you play golf? _____ How long have you played golf? _____ USGA Handicap _____

Does your spouse play golf? _____ How long has your spouse played golf? _____ USGA Handicap _____

Reference Information

Please list membership in other Clubs, fraternities or organizations and positions held _____

I am acquainted with the following Pocono Farms Country Club Members:

Sponsor _____ for _____ years.

Name _____ for _____ years.

Name _____ for _____ years.

Credit References

Banks

(1) Name _____

(2) Name _____

Address _____

Address _____

Street

Street

City

State

Zip Code

City

State

Zip Code

Personal

(1) Name _____

(2) Name _____

Address _____

Address _____

Street

Street

City

State

Zip Code

City

State

Zip Code

Credit Card Information

Type _____ Card Number _____

Expiration Date _____ Security Code _____

Name on Card _____ Telephone Number Associated with Card _____

Billing Address for Card _____

Street

City

State

Zip Code

Authorization and Agreement

The undersigned hereby confirms that the information provided in this application is true, complete and correct, and hereby authorizes The Pocono Farms Country Club (the "Club"), through its representatives, to conduct such inquiry into the undersigned's financial condition and professional background as it deems necessary and appropriate.

The undersigned acknowledges and agrees that (i) this application for membership is submitted in connection with the 2018 Membership Drive of the Club, (ii) there is an application fee in the amount of \$500.00 plus tax, which is due upon submission of this application, and (iii) by submitting this application, the undersigned is making a commitment to remain a member of the Club through and including May of 2020 (the "Commitment Period"). Failure to stay for the full 28 month term disqualifies the member from eligibility for the discount and any discount received must be repaid. Exceptions will be made for those relocating more than 75 miles from the club.

If this application is accepted, and the applicant is admitted in accordance with the formal admission procedures of the Club, the undersigned agrees to observe and be bound by the Bylaws and Rules and Regulations of the Club in effect which may be updated from time to time. The undersigned agrees to maintain a current valid credit card on file with the Club at all times, and hereby authorizes the Club to charge such credit card for any amounts owed to the Club, including amounts reflected on monthly invoices, that are more than Thirty (30) days past due.

The undersigned hereby acknowledges and agrees that he/she is personally liable and responsible for all financial obligations relating to his/her membership, including any obligations relating to the use of the Club by his/her family members and guests.

Signature of Applicant _____ Date _____



OFFICE USE ONLY

ACCEPTED THIS DAY OF _____ **20** _____ .

MEMBERSHIP CHAIRPERSON _____ .

PRESIDENT _____ .



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