



*Membership Application*

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182 Lake Road • Tobyhanna, Pennsylvania 18466 • 570-225-0112  
[www.poconofarmsgolf.com](http://www.poconofarmsgolf.com)

## *Type of Membership Desired*

Check One:

<b>Membership Category</b>	<b>Current Annual Dues</b>	<b>-25% Discount</b>
<b>New Member</b>		
<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
<b>Weekday</b>		
<input type="checkbox"/> Individual	\$675	\$507
<input type="checkbox"/> Under 21	\$425	\$319
<b>Member of Another Club</b>		
<input type="checkbox"/> Member of Another Private Club	\$1,175	\$882

*Note: Rates include a \$13.00 handicap fee.*

## *Daily Greens Fees:*

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

**PAYMENT PLAN**—If you join as a Member in 2017, you may take advantage of the Payment Plan through October. 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 2017 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 2019 (the "Commitment Period"). Failure to stay for the full two year 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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