

2025 Golf Membership Application

Name(s) _____

Full Address _____

Primary Phone _____ Work Phone _____ Cell Phone _____

Member(s) Email Address _____

_____ Please include me in the 2025 Golf Membership Directory

Were you referred by an existing member? If so, please list their name: _____

Annual Membership Fee

2025 Membership Fee

\$ _____

Membership Notation

To join as a Premium member, there is a one-time fee of \$2,000 associated with joining as a new member or moving into this membership category. This fee may be paid in yearly installments of \$200 per year for ten years. As a Premium member you are entitled to make tee times nine days in advance and receive a discount on cart fees.

Junior Golf

Age 5-10 (\$75) _____ Age 11-15 (\$150) _____ Age 16-20 (\$350) _____

Age 21-25 (\$475) _____ Age 26-35 (\$825) _____

Junior Golf Member(s) Name & Age _____

*** A 10% discount will be applied for multiple children of the same family.

Please note the following:

- Rates include the Golf Association of Philadelphia Membership and USGA Handicap Fees.
- As a premium member you are entitled to make tee times nine days in advance.
- As a weekday member you are entitled to make tee times seven days in advance and play Monday through Friday.
- Weekday members are eligible to play on weekends as a guest of a member.
- Weekday members are not eligible to compete in weekend major events.
- Please contact the Pro Shop or Member Services for the latest edition of the Golf Policy and Procedures Manual.
- New members receive a free locker at the fitness center for the first year.
- Lockers are available annually to returning members at a \$50 yearly rate.

Paid: _____ Date _____ Check #: _____ Amt: _____

** Please remit this form along with payment in person or by mail to Member Services at 182 Lake Road, Tobyhanna, PA 18466

House Charge Information

- You MUST print your name and sign each receipt.
- Failure to make payment in full will result in the suspension of all privileges and my account will incur a 1.25% monthly late fee until the account is brought current.
- Members will be billed monthly for all charges incurred.
- Billing cycle runs from the first day of the month to the last day of the month.
- Payment in full must be received at Member Services no later than the last day of the following month.
- Payment may be made in the form of a personal check, money order, or credit card.
- All golf members (resident and non-resident) must be in good standing with no delinquent balance for eligibility in this program.

2025 Golf Membership Payment Plan Application

For the 2025 golf season, Pocono Farms Country Club Association, Inc. is offering a payment plan for your annual golf membership dues. This payment plan will consist of up to ten individual monthly payments and will include a \$50 processing fee.

Monthly payments will be processed on the 15th of each month with final payment on October 15, 2025.

PFCCA will contact you to obtain your credit/ debit card information.

By Signing Below, I Certify That:

- I agree to make monthly payments to Pocono Farms Country Club Association, Inc. on or before the 15th of each month through October 15, 2025.
- If I have elected to pay via credit/debit card, I authorize PFCCA to charge my credit/debit card in monthly installments on the 15th of each month.
- I authorize PFCCA to charge my credit/debit card on or before the 15th of each month for all house charges incurred for the previous month.
- I understand a \$50 processing fee for the payment plan is due with the first installment.
- I understand that if I am paying for a Premium Membership that \$200 is due with the first installment.
- I understand my membership dues must be paid in full no later than October 15, 2025.
- I understand that by signing this application I have purchased a seasonal golf membership, and I am responsible for paying the total amount of the membership fee regardless of how many times I do or do not use the facilities.
- I understand that if payments are not received by the due date and/or payments are returned for insufficient funds, I will be considered a member not in good standing and my membership privileges will be suspended until payment is made, along with applicable fees.
- I understand that I must remain a member in good standing and pay all charges, in full, on my account in a proper and timely manner. Failure to do so may result in suspension and/or termination of privileges.

Signature _____ Date _____