

POCONO FARMS COUNTRY CLUB ASSOCIATION, INC.
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POCONO FARMS GOLF COMMITTEE APPLICATION

Name: _____ Lot: _____

Address: _____

Phone #: _____ Alt. Phone #: _____

Email Address: _____

1. Are you an annual Golf Member of PFCCA? **Yes:** _____ **No:** _____

2. Are you the owner of a property in PFCCA? **Yes:** _____ **No:** _____

3. Approximately how many rounds have you played on our golf course this year? **Rounds:** _____

4. Why do you want to be on the Golf Committee? _____

5. in what Pocono Farms golfing activities have you participated? (Leagues, Tournaments, etc.) _____

6. Are you able to attend meetings in the Fall, Winter, Spring and Summer? **Yes:** _____ **No:** _____
(Missing three consecutive meetings will result in the seat being declared vacant)

7. Are you willing to serve on one or more of the many subcommittees? **Yes:** _____ **No:** _____

8. Describe any special qualification, knowledge, experience, etc., which would make you an asset to the committee.

PLEASE RETURN TO THE MEMBER SERVICES OFFICE BY AUGUST 14, 2026

The application for the Golf Committee shall be considered for approval by the Board of Directors at the August meeting.

Any committee member who is absent from either a total of four regular meetings or three regular meetings in succession of the committee during a twelve month period commencing with the first meeting of the committee after appointment, shall be deemed to have resigned.

This provision is made to ensure efficiency within the committee and shall be applicable and mandatory even though the absences may be for health reasons or other justifiable cause(s).