



APPLICATION FOR GOLF MEMBERSHIP 2024

Name	GHIN#	Birthday	Membership Fees
Primary Family Member	(MGA Requirement)		
_____	_____	_____	\$1100
Additional Family Members:			
_____	_____	_____	\$ 650
_____	_____	_____	\$ 650
Associates 18-35 years of age			
_____	_____	_____	\$ 700
Junior Member- Under 18 years of age			
_____	_____	_____	\$ 375
Weekday (Monday-Thursday)			
_____	_____	_____	\$ 525
BCI Trail Fee:			\$ 200

We hereby agree to abide by all golf rules and regulations as set forth by Pehquenakonck Country Club.

Signature: _____ Date: _____

Signature: _____ Date: _____

Kindly mail your completed application with full payment, along with a signed Golf Cart agreement.

Member's Home address: _____

Member's Email: _____ Phone: _____

Join by January 31, 2024 and save \$50 All Membership Fees Are Due By April 1, 2024

PEHQENAKONCK COUNTRY CLUB 101 BLOOMERSIDE ROAD NORTH SALEM, NY 10560

Pccgolfclub.com

914-669-6776