

Battenkill Country Club

P.O. Box 127
Greenwich, NY 12834
518-692-9179
www.battenkillcc.com



Returning Members- 2024 Application for Membership

Please check your classification and cart cards (carts are optional):

Member Name _____

Additional names for Couple/Family memberships (and ages of juniors on Family memberships)

Phone _____ Email _____

Address _____

Date of Birth (for Junior & Young Exec memberships) _ _ / _ _ / _ _

MEMBERSHIP DUES

_____ SINGLE	\$ 775 (\$750) + 4 guest passes if paid in full by 4/1
_____ 50% payment- remaining payment due by 6/1*	\$ 387.50 (\$375)
_____ COUPLE (Same Household)	\$ 1190 (\$1150) + 6 guest passes if paid in full by 4/1
_____ 50% payment- remaining payment due by 6/1*	\$ 595 (\$575)
_____ FAMILY (Same Household- up to 2 adults + juniors)	\$ 1290 (\$1250) + 6 guest passes if paid in full by 4/1
_____ 50% payment- remaining payment due by 6/1*	\$ 645 (\$625)
_____ YOUNG EXEC (age 23-30 on 4/1/24)	\$ 515 (\$500) + 3 guest passes if paid in full by 4/1
_____ 50% payment- remaining payment due by 6/1*	\$ 257.50 (\$250)
_____ JUNIOR (age 22 or younger on 4/1/24)	\$ 285 (\$275) + 2 guest passes if paid in full by 4/1
_____ 50% payment- remaining payment due by 6/1*	\$ 142.50 (\$137.50)

*A \$15 late fee will be assessed for remaining 50% payments received after the 6/1 due date.

****Save on your membership dues by paying with cash/check (higher amounts reflect payment by credit card)****

CART DUES (OPTIONAL)

_____ 20 Ride- 9 Hole Cart Card	\$ 130 (\$125)
_____ Single Season Cart Pass	\$ 415 (\$400)
_____ Couple Cart Pass	\$ 645 (\$625)
_____ Family Cart Pass	\$ 725 (\$700)

Applications are to be mailed to the address above or dropped off at the clubhouse during the season. Checks can be made out to "Battenkill Country Club, Inc." For credit card (higher dues), please provide the following:

Name on Card _____

Circle One: MASTERCARD VISA DISCOVER

Credit Card # (16digits) _____

CVV Code: a 3 digit # on the back of card _____

Expiration Date ____ / ____

Credit Card billing Street Address or Box # _____