

Battenkill Country Club

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

www.battenkillcc.com



2024 APPLICATION FOR NEW MEMBERSHIP

Membership Dues

- | | |
|--|-----------------------------|
| <input type="checkbox"/> Single | \$ 775 (\$750 cash/check) |
| <input type="checkbox"/> Couple (Same Household) | \$ 1190 (\$1150 cash/check) |
| <input type="checkbox"/> Family (Same Household- up to 2 adults + juniors) | \$ 1290 (\$1250 cash/check) |
| <input type="checkbox"/> Young Exec (Age 23-30 on 4/1/24) | \$ 515 (\$500 cash/check) |
| <input type="checkbox"/> Junior (Age 22 or younger on 4/1/24) | \$ 285 (\$275 cash/check) |

of guest passes included if paying in full: Single- 4, Young Exec- 3, Couple- 6, Family- 6, Junior- 2

Cart Dues (Optional)

- | | |
|--|---------------------------|
| <input type="checkbox"/> 20 Ride- 9 Hole Cart Card | \$ 130 (\$125 cash/check) |
| <input type="checkbox"/> Single Season Cart Pass | \$ 415 (\$400 cash/check) |
| <input type="checkbox"/> Couple Cart Pass | \$ 645 (\$625 cash/check) |
| <input type="checkbox"/> Family Cart Pass | \$ 725 (\$700 cash/check) |

Last Name _____ First Name _____

Spouse Name (for Couple or Family memberships) _____

Children Names & Ages (for Family memberships) _____

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

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail (to receive member updates) _____

Date of Application _____ Recommended by _____

*Minimum ½ of dues payable by April 1st, or within 10 days of acceptance if joining after April 1st. Remainder of dues payable by June 1st. Remaining dues received after 6/1/24 are subject to a \$15 late fee.

Balance of Dues Received _____

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:

****Save on your membership dues by paying with cash/check (see discounted rates above)**

Circle One: Mastercard Visa Discover Expiration Date ____ / ____

Credit Card#(16 digits) _____

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

Credit Card billing street address or box # address: _____