

NON-RESIDENT MEMBERSHIP APPLICATION

PLEASE PRINT AND INCLUDE ALL INFORMATION

NAME (S) _____ ACCT. NUMBER _____

PRIMARY MAILING ADDRESS _____

CITY/STATE/ZIP _____

DAYTIME PHONE _____ E-MAIL _____

PLEASE CIRCLE DESIRED MEMBERSHIP (S)

GOLF COURSE MEMBERSHIP

	Season
Individual	\$ 1,750
Couple	\$ 2,750
Family	\$ 3,400
Junior (15 and under)	\$ 300

PRACTICE RANGE MEMBERSHIP

	Season	Monthly
Individual	\$ 150	\$ 75
Couple	\$ 250	\$ 125
Family	\$ 300	\$ 150

BAG STORAGE

	Season	Monthly
Per Bag	\$ 100	\$ 50
Junior Rate (16 and Under) Per Bag	\$ 50	\$ 25

TENNIS

	Season
Individual	\$ 800
Couple	\$ 1,200
Family	\$ 1,430
Junior	\$ 250

LAWN BOWLING

	Season	Daily
Individual	\$ 350	\$ 30

FISHING

	Season	Daily
Individual	\$ 450	\$ 30

PAYMENT INFORMATION

Total Amount Due _____ Enclosed is my Check _____

I understand that all invoices for charges to my Buck Hill Falls Personal Account are due and payable on receipt of invoice. Any charges not paid within thirty (30) days of the date of the invoice shall be deemed overdue and delinquent and will result in my Recreational Facilities Membership **being suspended**. Any account over thirty (30) days old shall be assessed a finance charge of two percent (2%) per month [twenty-four percent (24%) per annum] on any unpaid balance.

Signature _____ Date _____

(Signature Required)

Please return completed form with appropriate payment to:
Buck Hill Falls Company
270 Golf Drive • P.O. Box 426
Buck Hill Falls, PA 18323