



For Office Use Only:

Activation Date: _____

Amount Paid: _____

Assigned Member #: _____

Referred By: _____

Bonus Gift Cards Issued _____

Bonus Guests to Pro Shop _____

Updated Feb 2018

New Member Agreement

Park Hills Golf Club
219 Highland Terrace
Altoona, PA 16602
Office 814-944-3313

Membership Categories (please check one)

Individual Golf

- | | |
|---|--------------|
| <input type="checkbox"/> High School Golf Team | \$225/season |
| <input type="checkbox"/> 19-24 | \$50/mo |
| <input type="checkbox"/> 25-29 | \$75/mo |
| <input type="checkbox"/> 30-35 | \$94/mo |
| <input type="checkbox"/> 36-64 | \$125/mo |
| <input type="checkbox"/> 65 and older | \$112/mo |
| <input type="checkbox"/> Student 18 and younger
(as of April 1 st) | \$275/season |

Family Golf

- | | |
|---|----------|
| <input type="checkbox"/> 29 and younger | \$105/mo |
| <input type="checkbox"/> 30-35 | \$132/mo |
| <input type="checkbox"/> 36-64 | \$175/mo |
| <input type="checkbox"/> 65 and older | \$158/mo |

Pool

- | | |
|---|--------------|
| <input type="checkbox"/> Individual | \$295/season |
| <input type="checkbox"/> Family | \$495/season |
| <input type="checkbox"/> Family add on to
Golf Membership*** | \$129/season |

Membership Profile:

Primary Member's Name _____ DOB _____ Verified by _____

Home Address: _____

City _____ State _____ Zip _____

*****Family add on to Golf Membership DOES NOT include seasonal memberships such as High School or Student 18 & under.**

Billing Address (if different): _____

City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____ Business Phone _____

Email Address _____ Paperless Billing Y / N

For Family Memberships/Billing Privileges

Spouse's Name _____ DOB _____

Child _____ DOB _____ Child _____ DOB _____

Child _____ DOB _____ Child _____ DOB _____

Credit Card Information/Policy: (DUE UPON SIGNING OF AGREEMENT)

The club requires an active credit card to be held on file. Monthly member statements will be sent at the beginning of each month for the next month's dues and past months account charges. If you have any questions regarding your statement please call the club, ext 113. Any unpaid balances on the 20th of the month will be charged on the credit card on file. It is the Member's responsibility to keep the card on file current, including update of expiration dates.

Type of Card: Mastercard Visa AmEx Discover

Card Holder's Name: _____ Card #: _____ Exp _____

Resignation Policy & Membership Commitment:

As a Member of Park Hills Golf Club, I agree to abide by all rules and regulations now in effect and any amendments which may be made from time to time. I agree to be responsible for the charges incurred by myself or my family during our membership. This includes a potential dues increase in April of each year. I understand that my signature authorizes the Park Hills to charge the credit card listed above for any unpaid balance on the 20th of each month. I understand that a New Membership is a binding, 12-month financial commitment. I also understand that if and when I wish to resign, I must submit a 60 day written notice and that resignation may only occur after my 12 month New Member dues commitment has been satisfied. I understand the 12 month commitment will begin after any promotional discount on initial dues.

Signature _____ Date _____