



Pioneer Hills Golf Club, 3230 Galway Rd., Ballston Spa, NY, 12020

Mailing Address: PO Box 3410, Saratoga Springs, NY, 12866

Email: proshop@pioneerhillsgolf.com, Phone 518-885-7000

Name(s) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

PAYMENT AGREEMENT

I, _____ Apply for _____

Membership @ Pioneer Hills Golf Club, Ballston Spa, NY. I understand that I am entitled to the privileges described below as a member in good standing. Guests at a reduced rate and entry into Pioneer Hills events.

TOTAL AMOUNT DUE: _____

DEPOSIT: _____

BALANCE DUE: _____

For _____ memberships I the undersigned agree to pay \$_____ as a deposit and agree to pay the balance by February 31 _____. I understand that I must abide by this agreement to remain a member in good standing and receive the privileges of this membership. Pioneer Hills Golf Club reserves the right to revoke my membership without refund for default of agreement.

Member

Date

Pioneer Hills Golf Club

Date

