



PIONEER HILLS

GOLF CLUB



3230 GALWAY – BALLSTON SPA, NY 12020 – 518-885-7000(P) 518.885.2953(F)

Name(s) _____

Address: _____

City: _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email Address _____

PAYMENT AGREEMENT

I, _____ APPLY

FOR _____

MEMBERSHIP AT PIONEER HILLS GOLF CLUB, BALLSTON SPA, NY. I UNDERSTAND THAT I AM ENTITLED TO THE PRIVILEGES DESCRIBED BELOW AS A MEMBER IN GOOD STANDING.

TOTAL AMOUNT DUE: _____

DEPOSIT: _____

BALANCE DUE: _____

I THE UNDERSIGNED AGREE TO PAY \$ _____ AS A DEPOSIT AND AGREE TO PAY THE BALANCE DUE, PRIOR TO APRIL 1, 2008. 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 RESERVES THE RIGHT TO REVOKE MY MEMBERSHIP WITHOUT REFUND FOR DEFAULT OF THE AGREEMENT.

MEMBER

DATE

PIONEER HILLS GOLF CLUB

DATE