

2019 Membership Pricing

Check if Applicable	Membership	Description	2019 Dues w/Stock	Dues w/o Stock
	Single	Individual	\$2760.00	\$3090.00
	Couple (unrestricted)	Both unrestricted members	\$3730.00	\$4060.00
	Couple (restricted)	One restricted member	\$3360.00	Must be stock holder
	Children w/Family	Age 13-21	\$300.00	\$400.00
	Jr. Executive	Age 25-26 inclusive	\$975.00	N/A
	Jr. Executive	Age 27-29 inclusive	\$1300.00	N/A
	Jr. Executive	Age 30-31 inclusive	\$1730.00	N/A
	Jr. Executive	Age 32-33 inclusive	\$2055.00	N/A
	Student	Age 13-18	\$425.00	N/A
	Young Adult	Age 19-24	\$675.00	N/A
	Active Military Single	N/A	20% off Single Rate	N/A
	Active Military Family	N/A	20% off Couples Rate	N/A
	Senior Single	Age 70 and over	\$2345.00	N/A
	Senior Couple	One age 70 and over	\$3175.00	N/A

Ballston Spa



Country Club

Applicant's Name _____ DOB _____

Spouse's Name _____ DOB _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

How did you hear about the Club? _____

Other golf clubs where you were a member? _____

GHIN Number (If Applicable) _____

Please state your age for marketing purposes:

13-24 25-33 34-45 46-55 56-65 66+

For a Family Membership, please list children below:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Signature of Applicant _____

Referred to by Member (Signature) _____

Office Use Only

Date Received:

Membership Committee Disposition:

Membership Committee Notes:

Credit card received:

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2019 MEMBERSHIP AGREEMENT

I/We hereby apply for membership at the Ballston Spa Country Club. Specific financial details listed here have been explained and are understood and agreed to:

1. Dues for each calendar year are based on your chosen membership category. Dues must be paid in-full unless you are utilizing a monthly payment plan. If you choose the twelve month plan, you agree to pay the full amount even if you leave the Club for whatever reason before the end of the year.

*Initial here*_____.

2. BSCC is a member-owned club. This membership may become a voting membership upon completion of payment for one share of stock for \$2,500.00 plus tax. Such payment may be done immediately or in three annual payments of \$792. Installments are due August 1st of each year. All fully paid stockholders may redeem their share of stock for \$2,500.00 upon separation from the Club as a member in good standing.

Partially paid shares will be subject to a \$330.00 per annum charge for past playing privileges.

Any monies paid by Ballston Spa Country Club toward a share of stock (as a result of any membership specials) are non-refundable until a full share of stock is purchased and paid.

*Initial here*_____.

3. It is understood all fees, dues and stock purchases are subject to NYS taxes.

*Initial here*_____.

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4. I/We understand and agree to the clubhouse minimum expenditures of \$50 for a single membership and \$90 for a couple or family membership. This minimum applies to the months of May through October. I/We understand that I will receive monthly bill on the first of each month and agree to pay it within 30 days.

*Initial here*_____.

5. I/We understand and agree to the requirements, as stated in the Credit and Payment Policy, to remain “member(s) in good standing.” I/We agree that the cost of a membership is for the full annual amount cited, or for all **12 monthly payments**.

*Initial here*_____.

6. It is understood, if a member is unable to play golf, during the season, due to an unexpected injury or medical condition, the Dues Policy would apply. Dues will not be refunded but a percentage may be deferred to the following year subject to approval by the Board of Directors. The percent deferred is based on the table below.

Date of Request	Percent of Dues To Be Deferred
Prior to June 1st	75%
June 1st - July 31st	50%
August 1st or later	0%

*Initial here*_____.

7. I/We have been informed that copies of the By-laws and Member Guidebook are available on the BSCC website and agree to comply with the conditions herein.

*Initial here*_____.

Applicant’s Name (print)_____ Date_____

Applicant’s Signature_____

Business Office Signature_____