

HILLENDALE - 2024 Membership Application

Primary Member Name (Last, First Name)		Email Address		Date of Birth
Street Address		City	State	Zip Code
Home Phone		Cell Phone	Spouse's Cell Phone	
Name of Spouse (if applicable)		Spouse's Work Phone	Spouse's Email Address	Spouse's Date of Birth
Name of Child to be included in family Membership		Date of Birth	Name of Child to be included in membership	
Name of Child to be included in family Membership		Date of Birth	Name of Child to be included in membership	

	10/1/23	12/1/23	2/1/24	2024
Type of Membership (please circle type)	15% OFF	10% OFF	5% OFF	Prices
Family (children under 18)	\$1,241	\$1,314	\$1,387	\$1,460
Family (Weekday Only)*	\$1,190	\$1,260	\$1,330	\$1,400
Couple (Married)	\$1,169	\$1,238	\$1,306	\$1,375
Couple (Married Weekday Only)*	1,088	\$1,152	\$1,216	\$1280
Single Parent w/ Children (Children under 18)	\$1,143	\$1,211	\$1,278	\$1,345
Single Parent w/ Children (Weekday Only/Children under 18)*	1,067	\$1,130	\$1,192	\$1,255
Individual	\$706	\$747	\$789	\$830
Individual (Weekday Only)*	\$629	\$666	\$703	\$740
College Student - \$100 for 2 months-\$50 every month after	\$100	\$100	\$100	\$100
Senior Family (Same 3 Grandchildren under 18) 65 age	\$1,177	\$1,247	\$1,316	\$1,385
Single Senior (Same 3 Grandchildren under 18) 65 age	\$1,029	\$1,089	\$1,150	\$1,210
Senior Couple (Married) 65 age	\$1,046	\$1,107	\$1,169	\$1,230
Senior Couple (Married Weekday Only)* 65 age	\$1,007	\$1,067	1,126	\$1,185
Senior Individual 65 age	\$638	\$675	\$713	\$750
Senior Individual (Weekday Only)* 65 age	\$621	\$657	\$694	\$730
College/First Responders/Active Military	\$298	\$315	\$333	\$350
GHIN System Handicap	\$25	\$25	\$25	\$25

*All weekday members will pay a green fee on weekends and holidays and for any tournament, with the exception of Member-Guest.

GHIN System Handicap fees are not included in the membership fee and will be an extra \$25 for anyone who would like to have one.

I agree upon signing application, a valid and binding contract between the Club and me will be in place, and I further agree to be bound by the rules, regulations and policies of the club now or hereinafter in force. I agree to abide by New York laws pertaining to Alcohol Beverage Control Board and to this Club. This applicant acknowledges liability for payment of all dues and charges incurred by the undersigned. I understand my membership is recallable for any reason the club owner finds behavior unacceptable. It is further understood this membership is non-transferable or refundable. The number and price of membership in each classification are subject to revision at any time without notice at the discretion of the club owner. Membership carries only an entitlement to use of facilities and participation in Club activities.

Applicant's Signature _____ Date _____

Spouse's Signature _____ Date _____

Special Savings

<u>Paid by October 1, 2023</u>	<u>Paid by December 1, 2023</u>	<u>Paid by February 1, 2024</u>
4 Free Golf Passes	3 Free Golf Passes	2 Free Golf Passes

Credit Policy: A late charge of 1.5% per month will be assessed on balances not paid by April 1st. Hillendale reserves the right to interrupt or cancel membership due to non-payment of account. Checks returned are subject to a \$40 fee or the maximum fee allowed by the law.

Mail payments to: Hillendale Golf Course, 218 N. Applegate Road, Ithaca, NY 14850