



2025 MEMBERSHIP APPLICATION

Greene County Country Club

PO Box 156

Jefferson, PA 15344

Phone: 724-883-4880

Email: www.greenecountycc.com

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Email: _____

Type of Membership (Please check one from the following)

	INDIVIDUAL**	FAMILY***
* 1 st Year Introductory	<input type="checkbox"/> \$800.00	<input type="checkbox"/> \$900.00
2 ND Year Introductory	<input type="checkbox"/> \$1,000.00	<input type="checkbox"/> \$1,100.00
35 & Under	<input type="checkbox"/> \$1,000.00	<input type="checkbox"/> \$1,200.00
Full	<input type="checkbox"/> \$1,430.00	<input type="checkbox"/> \$1,680.00
Junior	<input type="checkbox"/> \$300.00	
Week Day/Week End	<input type="checkbox"/> \$950.00	<input type="checkbox"/> \$1,050.00

*First Year & Complimentary memberships are required to take a cart.

**All members are required to spend \$30.00 per month on food April-October.

*** Family Information: Please provide name and birth dates of family members that will be included in the Family Membership. A child's membership shall expire when that child reaches the age of 18, unless that child is attending college or school beyond high school. This does not include additional schooling such as graduate school, pre-med, etc.

Family Member Names and Birthdates:

Name: _____ Birthdate: _____ Name: _____ Birthdate: _____

Name: _____ Birthdate: _____ Name: _____ Birthdate: _____

Name: _____ Birthdate: _____ Name: _____ Birthdate: _____

I hereby apply for membership for the Greene County Country Club and agree to pay the required dues and fees in the amounts fixed by the By-Laws for the membership for which application is being made, and which are in effect during the time I remain a member. All dues are subject to change by the Board of Governors.

Signature of Applicant: _____ Date: _____

Sponsored By: _____ Approval Date: _____