



**Patriot Hills Players Club
2017 Membership Application**

Date: _____

Name: _____ Date of Birth: _____
Last, First, MI

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ e-mail: _____
Required **Required**

Membership Fee – includes designated **Patriot Hills Players Club Tournaments** and **USGA Handicap.**

Club Championship Eligibility: To be eligible for the 2017 Club Championship you must have **posted five (5) rounds** in the USGA handicap system and have played in at **least two (2) club tournaments.** (NO EXCEPTIONS)

FEES: 2017 Membership Fee _____ **\$ 80.00** _____ Renewal
2017 Jr Club Fee _____ **\$ 30.00** under 21 years of age

Payment Method - Check: _____ No Cash

For all members who are transferring their USGA Handicap to the Patriot Hills Players Club or for Members renewing a lapsed Handicap please provide the following information and submit it along with the appropriate fee.

USGA GHIN NUMBER _____ CLUB NAME _____

CLUB NUMBER _____

Assigned # _____ GHIN# _____ (filled out by PHGC)

Please make checks payable to the **“Patriot Hills Players Club.”** Checks and applications can be mailed to the following address or dropped off at the Pro Shop when it opens for the 2017 season.

**Patriot Hills Players Club
19 Clubhouse Lane
Stony Point, New York 10980**