

# Neshaminy Valley Golf Club

440 Almshouse Road, P.O. Box 439 Jamison, PA 18929  
(215)343-6930

I WOULD LIKE THE FOLLOWING MEMBERSHIP FOR THE 2015 GOLF SEASON:

## MEMBERS FORM

	Membership Fee Totals	Enter Amount Enclosed
<b>FULL Membership</b>		
Paid by December 31, 2014	\$1,400.00	_____
Paid by January 1, 2015	\$1,470.00	_____
--Spouse or child under 21 - Each	\$600.00	_____
	<b>TOTAL:</b>	_____
<b>WEEKDAY Membership</b>		
Paid by December 31, 2014	\$1,155.00	_____
Paid by January 15, 2015	\$1,255.00	_____
Paid After January 15, 2015	\$1,312.50	_____
--Spouse or child under 21 - Each	\$375.00	_____
	<b>TOTAL:</b>	_____
<b>ASSOCIATE Membership</b>		
Paid by January 15, 2014	\$42.00	_____
Paid after January 15, 2015	\$52.50	_____
	<b>TOTAL:</b>	_____
<b>HANDICAP ANNUAL SYSTEM (Optional)</b>		
(Per Person/Year) GHIN# _____	\$30.00	_____

**I UNDERSTAND THAT MEMBERSHIP FEES ARE NON-REFUNDABLE (IN FULL OR IN PART) AND ARE NON-TRANSFERABLE. I AGREE TO ABIDE BY ALL CLUB RULES AND UNDERSTAND THAT MY MEMBERSHIP MAY BE TERMINATED FOR VIOLATIONS OF THE RULES. PLEASE ENTER ALL INFORMATION:**

**\*\*\*\*\*SIGN HERE: \_\_\_\_\_ DATE: \_\_\_\_\_**

**PRINT NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_**

**Please pay in Cash or Check Only**

**TELEPHONE: \_\_\_\_\_ Member # (if known): \_\_\_\_\_**

**ADDRESS: \_\_\_\_\_**

**CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_**

### SPOUSE OR CHILD UNDER AGE 21:

**SPOUSE: FIRST NAME \_\_\_\_\_ INITIAL \_\_\_\_\_**

**CHILD: FIRST NAME \_\_\_\_\_ INITIAL \_\_\_\_\_ DOB \_\_\_\_\_**