

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 2016 GOLF SEASON:

MEMBERS FORM

Please Pay Membership Fees with Cash, Checks or Credit Cards. Thank you.

	Membership Fee Totals	Enter Amount Enclosed
<hr style="border-top: 1px dashed black;"/>		
FULL Membership		
Pay	\$1,400.00	_____
And/or		
--Spouse or child under 21 - Each	\$600.00	_____
	TOTAL:	_____
 WEEKDAY Membership		
Pay	\$1,200.00	_____
And/or		
--Spouse or child under 21 – Each	\$375.00	_____
	TOTAL:	_____
 ASSOCIATE Membership		
Pay	\$42.00	_____
 (Receive \$2.00 off Weekdays and \$4.00 off Weekends Greens Fees Only)		
	TOTAL:	_____
 HANDICAP ANNUAL SYSTEM (Optional)		
(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: _____

TELEPHONE: _____ Member # (if known): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SPOUSE OR CHILD UNDER AGE 21:

SPOUSE: FIRST NAME _____ INITIAL _____

CHILD: FIRST NAME _____ INITIAL _____ DOB _____