

***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**

**Membership lasts now until December 31<sup>st</sup> 2016**

**Please Pay Membership Fees with Cash or Checks if able. Thank you.**

	<b>Membership Fee Totals</b>	<b>Enter Amount Enclosed</b>
<hr style="border-top: 1px dashed black;"/>		
<b>FULL Membership</b> Pro-Rated	<b>\$800.00</b>	_____
 <b>WEEKDAY Membership</b> Pro-Rated	 <b>\$650.00</b>	 _____
 <b>ASSOCIATE Membership</b>	 <b>\$42.00</b>	 _____
 <b>HANDICAP ANNUAL SYSTEM (Optional)</b> (Per Person/Year) GHIN# _____	 <b>\$30.00</b>	 _____

**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 \_\_\_\_\_**