

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 2017 GOLF SEASON:

MEMBERS FORM

Please Pay Membership Fees with Cash or Checks. Thank you.

	Membership Fee Totals	Enter Amount Enclosed
FULL Membership		
Paid by December 31, 2016	\$1,400.00	_____
Paid after January 1, 2017	\$1,470.00	_____
--Spouse or child under 21 - Each	\$475.00	_____
TOTAL:		_____
WEEKDAY Membership		
Paid by December 31, 2016	\$1,200.00	_____
Paid by January 15, 2017	\$1,255.00	_____
Paid After January 15, 2017	\$1,312.50	_____
--Spouse or child under 21 – Each	\$375.00	_____
TOTAL:		_____
ASSOCIATE Membership		
Paid by January 15, 2016	\$42.00	_____
Paid after January 15, 2017	\$52.50	_____
TOTAL:		_____
HANDICAP ANNUAL SYSTEM (Optional)		
(Per Person/Year) GHIN# _____	\$35.00	_____

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 #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SPOUSE OR CHILD UNDER AGE 21:

SPOUSE: FIRST NAME _____ INITIAL _____

CHILD: FIRST NAME _____ INITIAL _____ DOB _____