

***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**

**Prefer Payment with Cash or Checks, but we accept charges. Thank you.**

	Membership Fee Totals	Enter Amount Enclosed
<hr style="border-top: 1px dashed black;"/>		
FULL Membership	\$1,400.00	_____
--Spouse or child under 21 - Each	\$425.00	_____
	<b>TOTAL:</b>	_____
WEEKDAY Membership	\$1,200.00	_____
--Spouse or child under 21 – Each	\$350.00	_____
	<b>TOTAL:</b>	_____
<b>NEW ASSOCIATE Combo Membership</b>		
Associate with a Golf Handicap	<b>ONLY \$70.00</b>	_____
ASSOCIATE without handicap system	<b>ONLY \$42.00</b>	_____
<b>NEW 21 Years of Age and Under</b>		
(Weekdays after 10AM, Saturdays after 2PM, NO SUNDAYS)	<b>ONLY \$700.00</b>	_____
ADD HANDICAP ANNUAL SYSTEM		
(Per Person/Year) GHIN# _____	\$35.00	_____
	<b>TOTAL:</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 #: \_\_\_\_\_**

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

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

**SPOUSE OR CHILD UNDER AGE 21:**

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

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