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: Never Before Members! JOIN NOW FOR 2017 Pay BEFORE SEPTEMBER 30th Get FREE Greens Fees for OCTOBER – DECEMBER of 2016

Limited New Memberships Available

MEMBERS FORM

| Please Pay Membership Fees with Cash or Checks if able. Thank you. | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------|--|--|
| Ν | Iembership Fee Totals | Enter Amount Enclosed | | |
| FULL Membership Paid by December 31, 2016 Paid by January 1, 2017 Spouse or child under 21 - F | \$1,400.00 \$1,470.00 Each \$600.00 TOTAL: | | | |
| WEEKDAY Membership Paid by December 31, 2016 Paid by January 15, 2017 Paid After January 15, 2017 Spouse or child under 21 – 1 | \$1,200.00 \$1,255.00 \$1,312.50 Each \$375.00 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. <u>PLEASE ENTER ALL INFORMATION</u>:

| ***SIGN HERE: | DATE: EMAIL: | | |
|-------------------------------|----------------------|-----|--|
| PRINT NAME: | | | |
| TELEPHONE: | Member # (if known): | | |
| ADDRESS: | | | |
| СІТУ: | | | |
| SPOUSE OR CHILD UNDER AGE 21: | | | |
| SPOUSE: FIRST NAME | INITIAL | | |
| CHILD: FIRST NAME | INITIAL | DOB | |