

**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 2018 GOLF SEASON:

**JOIN NOW GET REST OF YEAR (2017) FREE!**

MEMBERS FORM

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

	Membership Fee Totals	Enter Amount Enclosed
<hr style="border-top: 1px dashed black;"/>		
<b>FULL Membership</b>		
Paid by <b>December 31, 2017</b>	\$1,400.00	_____
Paid by <b>January 1, 2018</b>	\$1,470.00	_____
--Spouse or child under 21 - Each	\$475.00	_____
	<b>TOTAL:</b>	_____
 <b>WEEKDAY Membership</b>		
Paid by <b>December 31, 2017</b>	\$1,200.00	_____
Paid by <b>January 15, 2018</b>	\$1,255.00	_____
Paid After <b>January 15, 2018</b>	\$1,312.50	_____
--Spouse or child under 21 – Each	\$375.00	_____
	<b>TOTAL:</b>	_____
 <b>ASSOCIATE Membership</b>		
Paid by <b>December 31, 2017</b>	\$42.00	_____
	<i>Full &amp; Weekday Only</i>	
<b>HANDICAP Only</b>	\$35.00	_____
(Per Person/Year)   GHIN# _____		
 <b>ASSOCIATE w/HANDICAP (Save \$7)</b>	\$70.00	_____
	<b>TOTAL:</b>	_____

**REST OF YEAR FREE!**

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