



**Neshaminy Valley Golf Club**  
**440 Almshouse Road, P.O. Box 439 Jamison, PA 18929**  
**(215)343-6930**



**2018 GOLF SEASON**  
**MEMBERS FORM**

Please Pay Membership Fees with Cash or Checks.

**IF PAYING BY CREDIT CARD an ADDITIONAL \$25. WILL BE ADDED TO COVER CHARGING COSTS. Thank you.**

	Membership Fee Totals	Enter Amount Enclosed
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<b>FULL Membership</b>		
Paid by 2018	\$1,400.00	_____
--Spouse or child under 21 - Each	\$475.00	_____
	<b>TOTAL:</b>	_____
 <b>WEEKDAY Membership</b>		
Paid by 2018	\$1,200.00	_____
--Spouse or child under 21 – Each	\$375.00	_____
	<b>TOTAL:</b>	_____
 <b>ASSOCIATE with Golf Handicap</b>	\$65.00	_____
 <b>ASSOCIATE Membership Only</b>		
Paid by December 31, 2017	\$42.00	_____
 <b>HANDICAP Only</b>	\$35.00	_____
(Per Person/Year) GHIN# _____		
 <b>CREDIT CARD CHARGE FEE</b>	\$25.00	_____
(Weekday and Full Memberships Credit Cards Only)		
	<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 \_\_\_\_\_**