

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 **2019** GOLF SEASON:
CURRENT MEMBERS FORM

**Payment can be made with No Additional Fee by Cash or Check.
 Or Pay with a Credit Card (add a \$25 additional fee to cover our charging costs)
 This only applies to Full or Weekday Members. Thank you.**

	Membership Fee Totals	Enter Amount Enclosed
FULL Membership		
Paid by December 31, 2018	\$1,400.00	_____
Paid by January 15, 2019	\$1,470.00	_____
--Spouse or child under 21 - Each	\$475.00	_____
	TOTAL:	_____
WEEKDAY Membership		
Paid by December 31, 2018	\$1,200.00	_____
Paid by January 15, 2019	\$1,255.00	_____
Paid After January 15, 2019	\$1,312.50	_____
--Spouse or child under 21 – Each	\$375.00	_____
	TOTAL:	_____
ASSOCIATE Membership		
Paid by December 31, 2018	\$42.00	_____
Paid by January 15, 2019	\$52.50	_____
	TOTAL:	_____
HANDICAP ANNUAL SYSTEM (Optional)		
(Per Person/Year) GHIN# _____	\$35.00	_____
Full or Weekday Credit Card Charging Fee \$25.00		
	TOTAL:	_____

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 # (if known): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SPOUSE OR CHILD UNDER AGE 21:

SPOUSE: FIRST NAME _____ INITIAL _____

CHILD: FIRST NAME _____ INITIAL _____ DOB _____

CHILD: FIRST NAME _____ INITIAL _____ DOB _____