

***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:

**MEMBERS FORM**

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

**JOIN NOW as a FULL MEMBER or WEEKDAY MEMBER**

**Get the REST OF 2018**

**FREE GREENS FEES!**

	Membership Fee Totals	Enter Amount Enclosed
<hr style="border-top: 1px dashed black;"/>		
<b>FULL Membership</b>		
Paid by <b>December 31, 2018</b>	\$1,400.00	_____
Paid by <b>January 15, 2019</b>	\$1,470.00	_____
--Spouse or child under 21 - Each	\$475.00	_____
	<b>TOTAL:</b>	_____
<b>WEEKDAY Membership</b>		
Paid by <b>December 31, 2018</b>	\$1,200.00	_____
Paid by <b>January 15, 2019</b>	\$1,255.00	_____
Paid After <b>January 15, 2019</b>	\$1,312.50	_____
--Spouse or child under 21 – Each	\$375.00	_____
	<b>TOTAL:</b>	_____
<b>ASSOCIATE Membership</b>		
Paid by <b>December 31, 2018</b>	\$42.00	_____
Paid by <b>January 15, 2019</b>	\$52.50	_____
	<b>TOTAL:</b>	_____
<b>HANDICAP ANNUAL SYSTEM (Optional)</b>		
(Per Person/Year) GHIN# _____	\$35.00	_____

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