

***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 **2021** GOLF SEASON:  
**NEW MEMBER FORM**

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

	Membership Fee Totals	Enter Amount Enclosed
<hr style="border-top: 1px dashed black;"/>		
<b>FULL Membership</b>		
Paid by <b>December 31, 2021</b>	\$1,400.00	_____
--Spouse or child under 21 - Each	\$475.00	_____
	<b>TOTAL:</b>	_____
<b>WEEKDAY Membership</b>		
Paid by <b>December 31, 2021</b>	\$1,200.00	_____
--Spouse or child under 21 – Each	\$375.00	_____
	<b>TOTAL:</b>	_____
<b>ASSOCIATE Membership</b>		
Paid by <b>December 31, 2021</b>	\$42.00	_____
	<b>TOTAL:</b>	_____
<b>HANDICAP ANNUAL SYSTEM (Optional)</b>		
(Per Person/Year) GHIN# _____	\$38.00	_____
	(GAP increased \$3.00)	_____
	<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 # (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 \_\_\_\_\_