

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 **2026** GOLF SEASON:
MEMBER FORM

**If Possible, Please Pay Membership Fees with Cash or Check.
There will be an additional Fee if Paying with Credit Card.**

Membership Fee Totals	Enter Amount Enclosed

		<u>Credit Card</u>
ASSOCIATE Membership Payable by January 31 st , 2026	\$45.00	+\$1.35 _____
TOTAL:		_____
HANDICAP ANNUAL SYSTEM (Optional) (Per Person/Year) GHIN# _____	\$50.00	+1.50 _____
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 _____