

# 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:

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