

***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 **2024** 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
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<b><u>Credit Card</u></b>		
ASSOCIATE Membership Payable by January 31 <sup>st</sup> , 2024	\$42.00	+ <b>\$1.26</b> _____
TOTAL:		_____
HANDICAP ANNUAL SYSTEM (Optional) (Per Person/Year) GHIN# _____	\$45.00	+ <b>1.35</b> _____
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 \_\_\_\_\_