



Nemacolin Country Club

PO Box 134 - 3100 US Route 40
Phone 724.632.3300

Beallsville, Pennsylvania 15313
Fax 724.632.5444

2024 MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Primary Member Name	M.I.	Last Name	Date of Birth
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Spouse First Name	M.I.	Last Name	Date of Birth
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Dependent Child Name (if applicable)	Date of Birth
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Dependent Child Name (if applicable)	Date of Birth
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Do you have a referring member? Y / N (circle one) If yes, provide member name: _____

MEMBERSHIP TYPE

____ Individual Active (Equity Shareholder) ____ Individual Active (Non-Equity) Select: Male ____ Female ____

____ Intermediate I (Age 35-40) ____ Intermediate II (30-34) ____ Intermediate III (18-29)

____ Social I ____ Social II ____ Social III ____ Non-Resident ____ Clergy ____ Dining

____ Golfing Spouse (Added to your primary golf membership selected above)

____ Twilight Golf Membership (Golfing privileges any open golf day after 2:00pm)

____ Golfing Children (Adding dependent children ages 16-18, & full-time students 19- 24 still primary residents of your household)

MAILING INFORMATION

Send Statements: ____ Home ____ Business ____ Email (address: _____)

HOME ADDRESS AND CONTACT INFORMATION

Address	Home Phone	Cell Phone
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City	State	Zip	Email Address
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EMPLOYMENT INFORMATION

Employer	Position
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Address	Work Phone
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City	State	Zip	Email Address
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ANNUAL CLUB FEES

	Primary	Secondary	Children
Locker: \$120/golfer	_____	_____	_____
Club Storage (Optional: \$110/bag)	_____	_____	_____
USGA Handicapping Fee (Mandatory: \$40/person)	_____	_____	_____

REFERENCES (If Applicable)

Member Reference #1 Name

Phone

Member Reference #2 Name

Phone

Board Member Name

Board Member Signature

ANNUAL DUES

Participation in Club events is contingent on being a member in good standing.

The annual dues for the designated membership are \$_____

CREDIT INFORMATION

Nemacolin Country Club is authorized to charge to the following credit card account any past due fees or purchases made by the member including any appropriate late fees.

Type of Credit Cards: ____ VISA ____ Master Card ____ AMEX ____ Discover

Account Number _____ Expiration Date _____ CVV _____

X _____

Card Holder Signature

SIGNATURE AND ACCEPTANCE

My signature below evidences that I understand I am subject to all terms and conditions contained in the Bylaws and Rules and Regulations applicable to this membership which are incorporated herein by reference. I have been given the opportunity to review the Bylaws and Rules and Regulations prior to executing this application. If elected to Membership, I hereby agree that my use of the Club and privileges under membership are subject to the terms, conditions and restrictions set forth therein. I agree to conform and abide by the Bylaws and Rules and Regulations as may be amended from time to time. The Club reserves the right, in its sole and absolute discretion, to terminate membership in the Club, to discontinue operation of any or all Club facilities, to sell or otherwise dispose of the Club facilities in any manner and to make any other changes to the terms and conditions of membership or use of the Club facilities.

NOTE: All membership classifications will be automatically renewed on January 1st of each calendar year.

If at any time during the year resignation is requested, with the exception of January 1st through January 15th, the request will be honored but made effective December 31st of the current calendar year. Any such resigning member shall be fully liable for all of that calendar year's dues, and any applicable capital fund fees, food and beverage minimums, assessments and any other fees/charges as established by the Board of Governors from time to time. My signature below authorizes the Club to obtain any and all credit information it deems necessary in order to complete its credit authorization procedures.

Applicant's Signature

Date

Board Member Signature

Date

30-Day Posting Date _____