



Nemaquin Country Club

PO Box 134 – 3100 US Route 40 Beallsville, Pennsylvania 15313
Phone 724.632.3300 Fax 724.632.5444

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Primary Member Name	M.I.	Last Name	Date of Birth
Spouse First Name	M.I.	Last Name	Date of Birth
Dependent Child Name (if applicable)			Date of Birth

MEMBERSHIP TYPE

Dues Special
 Men's/Women's Active Men's/Women's Intermediate I
 Non-Equity Men's/Women's Active Men's/Women's Intermediate II
 Social I Social II Non Resident Clergy Dining

ADD ON OPTIONS

Golfing Wife Golfing Children (Ages 16-21, full-time students thru age 24)

Annual Dues for this designated membership are: _____

Minimum of 15% of annual dues must accompany application.

MAILING INFORMATION

Send Statements: Home Business Email (address: _____)

HOME ADDRESS AND PHONE NUMBER

Address	Home Phone	Cell Phone
City	State	Zip
E-mail Address		

EMPLOYMENT INFORMATION

Company	Position
Address	City
State	Zip
Phone	Fax
E-mail Address	

ANNUAL CLUB FEES

	Primary	Wife	Children
Locker (\$80 each) (Required for all golfers)	_____	_____	_____
Club Storage (\$90/bag)	_____	_____	_____
USGA Handicapping Fee (\$23/person)	_____	_____	_____

REFERENCES

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

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

Account Number _____ Expiration Date _____

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. 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

NCC Information below

Approved: _____
Membership Chairman
NCC Board of Governors

Date

30 Day Posting Date

Date approved for membership