



Nemaquin Country Club

PO Box 134 – 3100 US Route 40
Phone 724.632.3300

Beallsville, Pennsylvania 15313
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

Dependent Child Name (if applicable) Date of Birth

Name of referring Nemaquin Country Club member known by candidate: _____

MEMBERSHIP TYPE

- | | | |
|---|--|--|
| <input type="checkbox"/> Individual Active | <input type="checkbox"/> Family Active | |
| <input type="checkbox"/> Individual Active (Non-Equity) | <input type="checkbox"/> Family Active (Non-Equity) | |
| <input type="checkbox"/> Intermediate II (Ages 19-29) | <input type="checkbox"/> Intermediate II Family (Ages 19-29) | <input type="checkbox"/> Women's Intermediate (Ages 30-45) |
| <input type="checkbox"/> Social I | <input type="checkbox"/> Social I Family | <input type="checkbox"/> Social II |
| <input type="checkbox"/> Non-Resident | <input type="checkbox"/> Clergy | <input type="checkbox"/> Dining |
| <input type="checkbox"/> Golfing Children (Ages 16-18, & full-time students 19- 24) | | |

MAILING INFORMATION

Send Statements: Home Business Email (address: _____)

HOME ADDRESS AND CONTACT INFORMATION

Address Home Phone Cell Phone

City State Zip Email Address

EMPLOYMENT INFORMATION

Employer Position

Address Work Phone

City State Zip Email Address

ANNUAL CLUB FEES

	Primary	Secondary	Children
Locker (\$80 each)	_____	_____	_____
Club Storage (\$90/bag)	_____	_____	_____
USGA Handicapping Fee (\$23/person)	_____	_____	_____

REFERENCES

Name Phone

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 \$_____

**Minimum of 10% of the annual dues must accompany application*

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. 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