



Nassawango Golf Course

Membership Application 2012—2013

The following application is for membership at the Nassawango Golf Course for the 2012-2013 golfing season beginning May 1, 2012. Please complete this application and return it to the membership department with your initial or full payment. Please list any and all individuals that will be eligible for privileges for the 2012-2013 golfing season.

Name: _____ Phone: () _____ - _____
 Address: _____

 Spouse: _____ E-Mail: _____
 Dependants: _____ DOB: _____
 Age: _____

<u>Membership</u>	<u>Dues</u>	<u>Quarterly</u>
Full Single	\$1000	\$275.00*
Full Family	\$1300	\$357.50*

Junior Membership Date of Birth: _____

	<u>Dues</u>	<u>Quarterly</u>
16 to 21 (<i>College Student</i>)	\$400	\$110.00*
22 to 29	\$600	\$165.00*
Non-Resident	\$700	\$192.50*

***Quarterly Billing: May 1, August 1, November 1, February 1**

Cart Fees

18-Hole Cart \$18 Per Person
 9-Hole Cart \$10 Per Person

I agree to abide by the rules, regulations, and bylaws of Nassawango Golf Course. Junior memberships are available to specified age groups. College students must show proof of enrollment to be eligible for the 16 to 21 junior membership.

Delinquent Payment Policy. A late fee of 5% will be added to the total past due per month. After 60 days, membership will be suspended and a reinstatement fee of fifty dollars will be applied. After 90 days, the total amount due will be submitted to a collection agency. ***For Quarterly Payments;** Please include your credit card number to avoid late and delinquent payment fees. Your card will only be charged if Quarterly Payment is not received 21 from days from the billing date.

In the event that unusual circumstances require that I withdraw my membership during the year, I agree to provide Nassawango Golf Course written notice of my intention and reason **at least 30 days prior to withdrawal.** I also understand approval for withdrawal, without being liable for the full years dues, is subject to the approval of Nassawango Golf Course and is limited to reasons of illness or relocation.

Member Signature: _____ Date: _____
 *Credit Card Number: _____ Expiration Date: _____