

Name _____

Address _____

City _____ St _____ Zip _____

Phone _____ DOB ____/____/____

Email _____

2019

New Richmond Golf Club College & Student Membership Application

MAIN COURSE (Includes Links)		Membership	Sales Tax	Total	
COLLEGE	Resident - Proof of Full-Time Registration required	\$375.00	\$20.63	\$395.63	\$ _____
COLLEGE	Non-Resident - Proof of Full-Time Registration required	\$475.00	\$26.13	\$501.13	\$ _____
STUDENT	Age 11 - 18 (Undergraduate)	\$245.00	\$13.48	\$258.48	\$ _____

LINKS COURSE		Membership	Sales Tax	Total	
COLLEGE	Resident - Proof of Full-Time Registration required	\$260.00	\$14.30	\$274.30	\$ _____
COLLEGE	Non-Resident - Proof of Full-Time Registration required	\$310.00	\$17.05	\$327.05	\$ _____
STUDENT	Age 8 - 18 (Undergraduate)	\$150.00	\$8.25	\$158.25	\$ _____

STORAGE AND LOCKER FEES:	Club Storage	\$30.00	n/a	\$30.00	\$ _____
	Locker	\$30.00	n/a	\$30.00	\$ _____

JOE SWANDA LEARNING CENTER	College	\$100.00	\$5.50	\$105.50	\$ _____
MEMBERSHIP FEES:	Student	\$75.00	\$4.13	\$79.13	\$ _____

WSGA HANDICAP FEE:	_____@	\$28.00	(Non-Taxable)	\$ _____
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By signing the membership form, I agree to the payment terms and also verify that I have read and understand the rules, regulations, and restrictions that apply to my membership on the backside of this form.

TOTAL	\$ _____
PAYMENT	\$ _____
BALANCE DUE	\$ _____

Parent Signature (required for Student Membership) _____ DATE _____

Applicant Signature (required) _____ DATE _____

Payment Options

PLEASE SEND THIS MEMBERSHIP FORM AND YOUR PAYMENT IN FULL OR INSTALLMENT PAYMENT BY MARCH 15TH.

INSTALLMENT PAYMENT PLAN: 1/3 EACH - MARCH 15TH, APRIL 15TH, & MAY 15TH.

MEMBERSHIP FEES MUST BE PAID IN FULL BY MAY 15TH TO MAINTAIN PRIVILEGES.

New Richmond Golf Club - PO Box 7 - New Richmond, WI 54017