

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Email: \_\_\_\_\_

**2019**  
**New Richmond Golf Club**  
**Links Non-Resident**  
**Membership Application**

	Membership	Sales Tax	Total	
<b>NON-RESIDENT HUSBAND/WIFE:</b> Spouse _____	\$665.00	\$36.58	\$701.58	\$ _____
<b>SEASON PASS</b> SINGLE	\$470.00	\$25.85	\$495.85	\$ _____

<b>FAMILY/ SINGLE</b> Age 10 & under, _____ @	\$65.00	\$3.58	\$68.58	\$ _____
<b>DEPENDENT CHILDREN</b> Age 11 - 18 (Undergraduate) _____ @	\$95.00	\$5.23	\$100.23	\$ _____
(As of April 1st, 2019) Age 18 - 23 (Full-Time Student) _____ @	\$150.00	\$8.25	\$158.25	\$ _____

<b>HOLE-IN-ONE INSURANCE</b> _____ @	\$5.00	(Non-Taxable)	\$ _____
Names of those requesting Hole-In-One insurance: _____ _____			

<b>JOE SWANDA LEARNING CENTER MEMBERSHIP FEES:</b> Single	\$160.00	\$8.80	\$168.80	\$ _____
Couple	\$210.00	\$11.55	\$221.55	\$ _____
Family	\$250.00	\$13.75	\$263.75	\$ _____

<b>WSGA HANDICAP FEE:</b> _____ @	\$28.00	(Non-Taxable)	\$ _____
<b>NAMES OF THOSE REQUESTING HANDICAPS:</b> _____ _____			

By signing this membership application, I agree to the payment terms and will abide by all club policies.

Signature \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

PAYMENT \$ \_\_\_\_\_

BALANCE DUE \$ \_\_\_\_\_

Payment options, Dependent Information, Learning Center Membership Information, and Hole-In-One Insurance Guidelines on back.

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