

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Email: \_\_\_\_\_

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

		Membership	Sales Tax	Total	
<b>RESIDENT SEASON PASS</b>	HUSBAND/WIFE: Spouse _____	\$595.00	\$32.73	\$627.73	\$ _____
	SINGLE	\$420.00	\$23.10	\$443.10	\$ _____

<b>FAMILY/ SINGLE DEPENDENT CHILDREN</b>	Age 10 & under, _____ @	\$65.00	\$3.58	\$68.58	\$ _____
	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 _____

<b>TOTAL</b> \$ _____
<b>PAYMENT</b> \$ _____
<b>BALANCE DUE</b> \$ _____

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

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