

Phone: 260-356-5929
Email: norwoodgc@comcast.net

INFORMATION

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Email _____

METHOD OF PAYMENT

Cash MasterCard Visa Check/Money Order

Name (as it appears on card) _____

Card number _____ Exp. date _____

MEMBERSHIP	Before 12/20/09	After 12/20/09
<input type="checkbox"/> Single	\$575.00	\$675.00
<input type="checkbox"/> Couple	675.00	775.00
<input type="checkbox"/> Family	750.00	850.00
<input type="checkbox"/> Student	250.00	325.00
<input type="checkbox"/> Weekday only	350.00	450.00
<input type="checkbox"/> Weekday Plus Weekend/Holiday after 2PM	450.00	550.00
<input type="checkbox"/> Range Pass – Single	175.00	225.00
<input type="checkbox"/> Range Pass – Additional Family Members	100.00	125.00

OTHER FAMILY MEMBER NAMES (Complete for Couple or Family Memberships)

CART PASSES

<input type="checkbox"/> Season	\$750.00	N/A
<input type="checkbox"/> 40 9-Hole Rides	180.00	N/A
<input type="checkbox"/> 2 nd 40 9-Hole Rides (available only thru 12/20/09)	175.00	N/A
<input type="checkbox"/> 3 rd 40 9-Hole Rides (available only thru 12/20/09)	170.00	N/A
<input type="checkbox"/> Handicap Fee \$20 Must have handicap to participate in Club Tournaments		

**TOTAL
COST**

**PAYMENT MUST BE MADE IN FULL AT TIME OF APPLICATION
PAYMENT MAY BE CASH, CHECK, OR VISA/MASTERCARD
MAKE CHECKS PAYABLE TO NORWOOD GOLF CLUB**

DATE PAID

I understand my member privilege could be lost if I/we fail to comply with the rules of Norwood Golf Club.

MEMBER SIGNATURE _____

DATE _____