



Nemacolin Country Club

PO Box 134 - 3100 US Route 40
Phone 724.632.3300

Beallsville, Pennsylvania 15313
Fax 724.632.5444

2025 MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Primary Member Name M.I. Last Name Date of Birth

Spouse First Name M.I. Last Name Date of Birth

Dependent Child Name (if applicable) Date of Birth

Dependent Child Name (if applicable) Date of Birth

Do you have a referring member? Y / N (circle one) If yes, provide member name: _____

MEMBERSHIP TYPE

- Individual Active (Equity Shareholder) Individual Active (Non-Equity) Select: Male Female
- Intermediate I (Age 35-40) Intermediate II (30-34) Intermediate III (18-29)
- Social-Golf Social-Pool Social-Dining Non-Resident Clergy
- Golfing Spouse (Added to your primary golf membership selected above)
- Twilight Golf Membership (Golfing privileges any open golf day after 2:00pm)
- Golfing Children (Adding dependent children ages 16-18, & full-time students 19- 24 still primary residents of your household)

MAILING INFORMATION

Send Statements: Home Business Email (address: _____)

HOME ADDRESS AND CONTACT INFORMATION

Address Home Phone Cell Phone

City State Zip Email Address

EMPLOYMENT INFORMATION

Employer Position

Address Work Phone

City State Zip Email Address

ANNUAL CLUB FEES

	Primary	Secondary	Children
Locker: \$120/golfer	_____	_____	_____
Club Storage (Optional: \$110/bag)	_____	_____	_____
USGA Handicapping Fee (Mandatory: \$40/person)	_____	_____	_____

REFERENCES (If Applicable)

Member Reference #1 Name _____ Phone _____

Member Reference #2 Name _____ Phone _____

Board Member Name _____ Board Member Signature _____

ANNUAL DUES

Participation in Club events is contingent on being a member in good standing.

The annual dues for the designated membership are \$_____

CREDIT INFORMATION

Nemacolin Country Club is authorized to charge to the following credit card account any past due fees or purchases made by the member including any appropriate late fees.

Type of Credit Cards: ___ VISA ___ Master Card ___ AMEX ___ Discover

Account Number _____ Expiration Date _____ CVV _____

X _____

Card Holder Signature

SIGNATURE AND ACCEPTANCE

My signature below evidences that I understand I am subject to all terms and conditions contained in the Bylaws and Rules and Regulations applicable to this membership which are incorporated herein by reference. I have been given the opportunity to review the Bylaws and Rules and Regulations prior to executing this application. If elected to Membership, I hereby agree that my use of the Club and privileges under membership are subject to the terms, conditions and restrictions set forth therein. I agree to conform and abide by the Bylaws and Rules and Regulations as may be amended from time to time. The Club reserves the right, in its sole and absolute discretion, to terminate membership in the Club, to discontinue operation of any or all Club facilities, to sell or otherwise dispose of the Club facilities in any manner and to make any other changes to the terms and conditions of membership or use of the Club facilities.

NOTE: All membership classifications will be automatically renewed on January 1st of each calendar year.

If at any time during the year resignation is requested, with the exception of January 1st through January 15th, the request will be honored but made effective December 31st of the current calendar year. Any such resigning member shall be fully liable for all of that calendar year's dues, and any applicable capital fund fees, food and beverage minimums, assessments and any other fees/charges as established by the Board of Governors from time to time. My signature below authorizes the Club to obtain any and all credit information it deems necessary in order to complete its credit authorization procedures.

Applicant's Signature _____

Date _____

Board Member Signature _____

Date _____

30-Day Posting Date _____