

NEW RICHMOND GOLF CLUB, INC.
P. O. BOX 7
NEW RICHMOND, WI 54017

2010

College/Student Membership Application

Name _____
 Address _____
 City _____ St _____ Zip _____

Phone _____
 E-Mail _____

MAIN COURSE (Includes links)		<u>Membership</u>	<u>Sales Tax</u>	<u>Total</u>	
COLLEGE	<i>Age 18-23 (with proof of registration)</i>	\$265.00	\$14.58	\$279.58	\$ _____
STUDENT	<i>Age 11 - 18 (Undergraduate)</i>	\$165.00	\$9.08	\$174.08	\$ _____

LINKS COURSE SEASON PASS		<u>Membership</u>	<u>Sales Tax</u>	<u>Total</u>	
COLLEGE	<i>Age 18-23 (with proof of registration)</i>	\$135.00	\$7.43	\$142.43	\$ _____
STUDENT	<i>Age 8 - 18 (Undergraduate)</i>	\$75.00	\$4.13	\$79.13	\$ _____

	Club Storage	\$30.00	n/a	\$30.00	\$ _____
STORAGE AND LOCKER FEES:	Men's Locker - large	\$20.00	n/a	\$20.00	\$ _____
	Men's Locker - Small	\$10.00	n/a	\$10.00	\$ _____
	Ladies Locker	\$10.00	n/a	\$10.00	\$ _____

JOE SWANDA LEARNING CENTER MEMBERSHIP FEES:	College	\$75.00	\$4.13	\$79.13	\$ _____
	Student	\$50.00	\$2.75	\$52.75	\$ _____

WSGA HANDICAP FEE:	_____ @	\$26.00	(Non-Taxable)	\$ _____
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By signing this membership form, I agree to the payment terms and also verify that I have read and understand the student rules, regulations, and restrictions on the backside of this form.

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

Parent Signature (required for Student Membership) _____ DATE _____

Student 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.