

New Richmond Golf Club, Inc.
1226 180th Ave - PO Box 7
New Richmond, WI 54017

2010

Links Resident Membership Application

Name _____

Address _____

Phone _____

City _____ St _____ Zip _____

E-Mail _____

		Membership	Sales Tax	Total	
RESIDENT SEASON PASS	FAMILY: Spouse _____	\$415.00	\$22.83	\$437.83	\$ _____
	SINGLE	\$260.00	\$14.30	\$274.30	\$ _____

FAMILY/ SINGLE	Age 10 & under, _____ @	\$45.00	\$2.48	\$47.48	\$ _____
DEPENDENT CHILDREN	Age 11 - 18 (<i>undergraduate</i>) _____ @	\$65.00	\$3.58	\$68.58	\$ _____
(Age as of 4/1/10)	Age 18 - 23 (<i>full-time student</i>) _____ @	\$95.00	\$5.23	\$100.23	\$ _____

HOLE-IN-ONE INSURANCE	(Please see back side for explanation and guidelines) _____ @	\$5.00	(Non-Taxable)	\$ _____
Names of those requesting Hole-In-One insurance: _____				

JOE SWANDA LEARNING CENTER MEMBERSHIP FEES:	Single	\$125.00	\$6.88	\$131.88	\$ _____
	Couple <i>(Please see back side for more information)</i>	\$175.00	\$9.63	\$184.63	\$ _____
	Family	\$200.00	\$11.00	\$211.00	\$ _____

WSGA HANDICAP FEE:	_____ @	\$26.00	(Non-Taxable)	\$ _____
NAMES OF THOSE REQUESTING HANDICAPS: _____				

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

Signature _____

TOTAL \$ _____

PAYMENT \$ _____

BALANCE DUE \$ _____

I am joining as a "Links" member, but would also like to be on the "Old Course" Waiting List at No-Charge. **Yes** **No**

Dependent Information, Payment Options, and Waiting List Info on back side