

RUARK GOLF PASSPORT MEMBERSHIP NUTTERS CROSSING GOLF CLUB 2020 GOLF MEMBERSHIP

NUTTERS CROSSING GOLF CLUB...30287 SOUTHAMPTON BRIDGE RD....SALISBURY, MD 21804
410-860-4653 (GOLF) web page – nutterscrossing.com or ruarkgolf.com

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ DOB ____ / ____ / ____

PHONE# _____ e-mail _____

- Membership Term: April 1, 2020 – March 31, 2021
- Check appropriate category and payment option

___ SINGLE- \$1095

- ___ Early Pay Special: **\$100 off** (\$995) when paid in full by February 29, 2020
- ___ By the Deadline Special: **\$50 off** (\$1045) when paid in full by March 15, 2020
- ___ Installment Plan: **3 payments of \$400** – 1st due with application, 2nd and 3rd due at the end of the next 2 months. Must pay with Credit Card.

___ FAMILY - \$1595 (Regular member + spouse and/or dependents under 22 years old)

- ___ Early Pay Special: **\$200 off** (\$1395) when paid in full by February 29, 2020
- ___ By the Deadline Special: **\$100 off** (\$1495) when paid in full by March 15, 2020
- ___ Installment Plan: *See management for pricing schedule*

Family Membership Information

<u>Name</u>	<u>Relationship</u>	<u>Birth Date</u>	<u>Name</u>	<u>Relationship</u>	<u>Birth Date</u>
1) _____	_____	_____	3) _____	_____	_____
2) _____	_____	_____	4) _____	_____	_____

___ ASSOCIATE MEMBERSHIP (Ladies Golf Association membership) - \$550

Limited membership - see benefits page

___ JUNIOR EXECUTIVE - (Age 25-34) - \$750 (\$50 off if paid by March 15, 2020)

___ YOUNG ADULT MEMBERSHIP (Age 18-24) - \$500 (\$50 off if paid by March 15, 2020)

___ JUNIOR MEMBERSHIP (Age 17 and under) - \$250

___ USGA HANDICAP FEE (per player) - \$35 for Adults - \$25 for Juniors 17 & under

The member agrees to abide by the Rules and Regulations of the ownership and the management as may be set forth and changed at any time. This membership is non-refundable and not transferable, and the privileges of this membership are extended to only the persons named herein. Furthermore, any membership may be terminated at the option of the owner or management without refund.

If this application is accepted, each member is to take good care of any equipment assigned to him or her during playing times and to report any mishandling of equipment by others to the management.

With this application, potential members do hereby acknowledge for themselves and those other family members listed above that they are aware of the inherent risk to themselves. Furthermore, each member shall be responsible for any damage for which he/she may cause to other persons or property.

Nutters Crossing shall not be held responsible for any circumstance that may occur while at this facility. This application must be signed by the potential member to acknowledge the risk that is taken during every day circumstances that may occur while at Nutters Crossing Golf Club.

METHOD OF PAYMENT (PLEASE MARK)

___ CHECK ___ CASH ___ V/MC/Amex/Disc AMOUNT ENCLOSED \$ _____
(Make Check Payable to Nutters Crossing Golf Club)

Applicant's Signature _____ Date ____ / ____ / ____ Approval Signature _____ Date ____ / ____ / ____