Nemacolin Country Club
PO Box 134 – 3100 US Route 40 Beallsville, Pennsylvania 15313
Phone 724.632.3300

2026 Membership Application

Section 1. Applicant Information - Please type or print

Name (First, MI, Last) _____ Date of Birth _____

Home Address _____

Phone Number _____ Email _____

Employer _____ Position _____

Employer Address _____

Work Phone _____ Work Email _____

Section 2. Family Information

Spouse Name (First, MI, Last) _____ Date of Birth _____

Spouse Phone Number _____ Spouse Email _____

Dependent Children:

Name (First, MI, Last) _____ Date of Birth _____
Name (First, MI, Last) _____ Date of Birth _____
Name (First, MI, Last) _____ Date of Birth _____
Name (First, MI, Last) _____ Date of Birth _____

Section 3. Membership Type

Select : Men's _____ Women's _____

_____ Active (Equity Shareholder)

_____ Active (Non-Equity) (Ages 41+)

_____ Intermediate I (Ages 35-40)

_____ Intermediate II (Ages 30-34)

_____ Intermediate III (Ages 18-29)

_____ Twilight Golf

_____ Social-Golf

_____ Social-Pool

_____ Social-Dining

_____ Non-Resident

_____ Clergy

Golf Add-ons:

_____ Golfing Spouse

_____ Golfing Dependent
Name: _____

_____ Golfing Dependent
Name: _____

Section 4. References

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

Member Reference #1 Name _____ Phone _____

Member Reference #2 Name _____ Phone _____

Board Member Name _____ Board Member Signature _____

Applicant Name (First, MI, Last) _____

Section 5. Billing

Annual Dues

The annual dues for the designated membership are $_____ (reference pricing sheet). I understand that participation in Club events is contingent on being a member in good standing.

Fee Type	***Amount***	***#Golfers***
Locker (mandatory)	$120/golfer	
GHIN (mandatory)	$40/golfer	
Club Storage (Optional)	$110/golfer	

Credit Information *A credit card will be left on file for daily usage billing. A copy of all monthly charges will be sent to the member at the end of every billing cycle (last day of every calendar month).*

Billing Statements Deliver to (select one): ____Home ____ Business ____Email:_____

Type of Credit Card: ____VISA ____Master Card ____AMEX ____ Discover

Account Number _____Zip_____ Expiration Date ____/_____ CVV_____

Nemacolin Country Club is authorized to charge any fees or purchases made by the member including any applicable late fees.

X

_____ _____

Card Holder Signature Date

Method of Payment

1. I elect to pay my dues via the following method: ____Cash ____Check ____Card on file (above)
2. I elect to pay my annual dues: _____Full Amount _____Monthly payments
3. I elect to pay my bond (if applicable): _____ Full Amount _____Monthly payments

Section 6. Membership Agreement

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. 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

For Internal Use Only

30-Day Posting Date:

_____

Promotion If Applicable:

_____