



Membership Application

Applicant's Name: _____

Spouse's Name (HC w/Spouse): _____

Membership Type:

- Resident Plus** **Home Course** **Home Course w/Spouse**
 \$975.00+tax \$1,043.25 \$1,599.00+tax \$1,710.73 \$2,500.00+tax \$2,675.00
 Junior
 \$300.00+tax \$321.00

Please add to my membership:

- Cart Card (45 carts)** **Range Ball Card (20 buckets)** **Bag Storage \$75**
 \$560+tax \$599.20 \$80.00+tax \$85.60
 Pull Cart Storage \$50 **Locker/Fitness Room \$250**

Permanent Mailing Address:

City: _____ **State:** _____ **Zip Code:** _____

Email: _____ **Date of Birth:** _____

Local Street Address (if different):

City: _____ **State:** _____ **Zip Code:** _____

Home Phone # _____ **Local Phone #** _____ **Cell #** _____

Are you a member of any other golf clubs? If so, please name: _____

Would you like to have a charge available account for carts, range balls, pro shop merchandise, etc.? Y/N If so, please provide us with a credit card # to secure your account and you will receive a monthly invoice statement. Balances left unpaid after 60 days will automatically be charged to credit card.

Credit Card Type (Visa/MC) Card # _____ **Exp.** _____

Membership Dues are billed in early December and due by March 1. New memberships taken after April 30 will be prorated. (See associate for details). Please sign and date application below. By signing below, you acknowledge that you have read and agreed to the above terms and conditions and all club policies.

Signature _____ **Date** _____

Checks made payable to: Cape May National Golf Club, PO Box 2369, Cape May, NJ 08204
Fax: (609) 884-8472. For additional information, please contact the Pro shop at (609) 884-1563 or visit www.cmngc.com.

Welcome to Cape May National!