

Cape May National Golf Club

2016 Membership Application

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

Membership Type:

- | | | |
|---|---|--|
| <input type="checkbox"/> Resident Plus
\$1,243.50 <i>including tax</i> | <input type="checkbox"/> Home Course
\$1,953.50 <i>including tax</i> | <input type="checkbox"/> Home Course w/Spouse
\$3,053.50 <i>including tax</i> |
| <input type="checkbox"/> Walker's Club
\$2,183.00 <i>including tax</i> | <input type="checkbox"/> Junior
\$321.00 <i>including tax</i> | |

Please add to my membership:

- | | | |
|--|--|---|
| <input type="checkbox"/> Cart Card (40 Carts)
\$560 + tax = \$599.20 | <input type="checkbox"/> Range Card (20 Buckets)
\$80 + tax = \$85.60 | <input type="checkbox"/> Bag Storage
\$50 <i>including tax</i> |
| <input type="checkbox"/> Pull Cart Storage
\$99.99 <i>including tax</i> | <input type="checkbox"/> Locker
\$250 <i>including tax</i> | |

Permanent Mailing Address:

City: _____ State: _____ Zip Code: _____

Email: _____

Local Address (if different): _____

City _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

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.? 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 (Visa/MC) #: _____ Exp. date: _____

*Checks made payable to: Cape May National Golf Club

PO Box 2369, Cape May, NJ 08204
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www.cmngc.com