Membership Application – 2009

Date: _____

Name: _____
Last First MI

Home Phone: (____)_____ Bus. Phone: (____)_____ Fax:(____)_____

Address (Home): _____

Address (Business): _____

E-Mail Address: _____

Please mail all correspondence to: ☐ My Home Address ☐ My Business Address

Requested Category of Membership: *(Check One)*

☐ Individual Annual @ $2,450.00 for the 2009 Season +7%NJ Sales Tax- $2621.50

☐ Family Annual @ $3,350.00 for the 2009 Season +7%NJ Sales Tax- $3584.50

☐ Individual Weekday Pass @ $1,425.00 for the 2009 Season +7%NJ Sales Tax- $1524.75

☐ Family Weekday Pass @ $2,125.00 for the 2009 Season +7%NJ Sales Tax- $2273.75

- A non-refundable deposit of 50% must be submitted with the application prior to Dec.15, 2008.
- The balance is due no later than February 15, 2009.
- The 2009 Season is March through December of 2009 – weather permitting

Amenities: *(Check all that apply)*

☐ Locker @ $75.00 each

☐ Bag Storage @ $80.00 each bag

☐ Handicapping @ $25.00 per member

Family Profile: *(Complete only if applying for Family Membership)*

Spouse: First Name: _____ Last Name *(if different)*:_____

First Child: First Name: _____ Age: ____ (As of April 1, 2009)

Second Child: First Name: _____ Age: ____ (As of April 1, 2009)

**Note: Children must be 18 years of age or younger to be eligible for Family Membership*

IN CASE OF EMERGENCY: Please contact:_____ Phone: (____)_____

Forward this 2009 Season Application with Check payable to *The Mattawang Golf Club*. We also accept American Express, Visa, and MasterCard. Mail to: *The Mattawang Golf Club*, P.O. Box 577 Belle Mead, NJ 08502. For any questions call us at (908) 281-0778.