NORWICH GOLF COURSE APPLICATION FOR MEMBERSHIP

PLEASE PRINT

STREET ADDRESS:				
CITY:	STATE:	_ ZIF	P CODE:	
PHONE:	DATE OF BIRTH:			
EMAIL:				
IF STUDENT NAME OF	F SCHOOL:			
Membership Categ				
Rate:				
Method 1: Pay in 4 EQUAL installments: Method 2: Pay entire membership in f	4 th payment due no later that	an May 1 st an June 1st o first time playir		
	ove time frames will pay the			
	in full prior to playing the	he course fo		
All other dues must be paid				
All other dues must be paid If this is other than a single membership	please list below the names of those	included on this n	nembership.	
All other dues must be paid If this is other than a single membership NAME	please list below the names of those RELATION TO M	included on this n	nembershipI	OOB

ABSOLUTELY NO REFUNDS

Make checks payable to:

Norwich Golf Course Authority Membership Dept.

MEMBER'S FULL SIGNATURE_