



**2017
Hickory Valley Golf Club
Membership Application**

NAME: _____ E-MAIL: _____

ADDRESS: _____

CITY: _____ STATE/ZIP: _____

PHONE: _____ FAX: _____

Credit Card #: _____ EXPIRATION DATE: _____

This agreement between _____ (Member) and Hickory Valley Golf Club (HVGC), as stated in the Terms and Conditions constitute the entire agreement between the parties. The Member agrees that they have read the Terms and Conditions and agree to comply with them.

APPLICANT'S SIGNATURE

CARD NUMBER

NAME OF APPLICANT - PRINTED

REFERRED BY

Children Under Age of 18.

<input type="checkbox"/>	Associate Membership	<input type="checkbox"/>	Junior Membership	<input type="checkbox"/>	Weekday Membership	<input type="checkbox"/>	Full Membership	<input type="checkbox"/>	Family Membership
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Membership Chosen and Amount Paid: _____

All rates are plus applicable state and local taxes. Visa and Mastercard are all applicable cards. Return this application with your Credit Card number or a check in the appropriate amount to

Hickory Valley Golf Club
1921 Ludwig Road
Gilbertsville, Pennsylvania 19525
Telephone (610) 754-7733

Terms and Conditions

All Members **MUST** check in prior to play and show proof of Membership. Memberships are not transferable and are non-refundable and are valid until December 31, 2010. The Hickory Valley Golf Club family membership includes those family members 18 years of age or under, or are attending undergraduate school full time. Golf Cart Fees are not included and any applicable taxes are the sole responsibility of the Member. All Members must comply with the rules and regulations of Hickory Valley Golf Club. Hickory Valley reserves the right to amend, modify or supplement these rules, terms, and conditions at any time and without prior notice. Hickory Valley reserves the right to close the course due to outings, agronomic practices, special events or inclement weather conditions as it deems necessary. Members are entitled to only those benefits contained here within. All Members will use the facility at their own risk and must comply with all club rules. Violators will be prosecuted.

~ Office Use Only ~			
Method of Payment:	Cash	Check	Credit Card
Amount:	_____	Member Number:	_____
Received By:	_____	Date Received:	_____