



NORTH PALM BEACH COUNTRY CLUB

TOURING PRO Golf Membership Application 2017-2018

(October 1, 2017– September 30, 2018)

Name: _____ Date of Birth: _____

Address: _____ Apt. No. _____

City: _____ ST: _____ Zip: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

E-Mail: _____

Emergency Contact: _____ Phone: _____

Please Check One: New Renewal

Please Check One: Resident Non Resident

Please Check One: Single

Please Check One: Golf Only

Please check here if you would like to take advantage of our "Unlimited Golf Cart" Program (see attached rate sheet for details) this charge plus membership fee.....

Single

***For NPB Business or Corporate Membership Information and Applications, Please Contact Our Sales Department at 561-691-3438 Lenore Dingle

(OVER SEE BACKSIDE OF THIS PAGE)

PLEASE READ AND SIGN

This application is submitted as an agreement to pay the full annual membership fee for the availability and use of the desired country club services and facilities for one (1) membership year. This contract is both **legal and binding. Only permanent disability or death can terminate this membership during the year. Temporary circumstances are not grounds for cancellation.** Use of this membership is subject to Village Ordinances, NPBCC Rules and Regulations as they exist, and as they may be amended by the Village of NPB. A 1.5% late payment fee will apply if total amount due is not paid by due date. Charges 60+ days past due shall be charged to credit card on file. Signing below I have read and agreed to the above conditions.

▶ **Signature** _____

Date ____/____/____

REQUIRED

Credit Card Information

Applications will not be processed without a valid Credit Card Number

I _____ hereby authorize the North Palm Beach Country Club to debit my account for the total amount due to the North Palm Beach Country Club upon non-payment after due date.

▶ **Signature** _____

Date ____/____/____

Credit Card Type:

(Please Check One)

American Express

Visa

Master Card

Discover

Name On Card: _____

Credit Card Number: _____

Expiration Date: ____/____

Total Amount to Be Paid (After Tax): _____

Please Attach a Copy of your Credit Card – Application will not be processed if a copy of credit card is not present