

CLASS A CORPORATE MEMBERSHIP

MUST RETURN BY March 1, 2017 TO AVOID \$100 LATE FEE PENALTY

Playing privileges anytime the course is available. (On weekdays as outings permit)

Remit form with payment to: Knoll Country Club, 1001 Parsippany Blvd, Parsippany NJ 07054

CORPORATE NAME: _____

CORPORATE ADDRESS: _____

TELEPHONE (BUSINESS) _____ (FAX) _____

CONTACT PERSON: _____ (CELL) _____

E-MAIL: _____

Authorized Personnel: Must be full time employees stationed at this address.

1. Name _____ Title _____ Cell _____

2. Name _____ Title _____ Cell _____

3. Name _____ Title _____ Cell _____

4. Name _____ Title _____ Cell _____

5. Name _____ Title _____ Cell _____

6. Name _____ Title _____ Cell _____

7. Name _____ Title _____ Cell _____

ALL INVOICES AND CORRESPONDENCE WILL BE SENT TO THE BUSINESS ADDRESS AS LISTED ABOVE. NO OTHER ADDRESSES WILL BE USED.

It is understood that the Corporation will be responsible for all charges made by the personnel listed on this application. Any changes in personnel must be authorized in writing. The Knoll management reserves the right to reject or terminate any application. All charges incurred at the Knoll must be paid in full within 30 days of date of statement. Delinquent accounts will be charged in accordance with Township Ordinance #3-11.4. All golfers listed must be bona-fide FULL TIME employees of the Corporation. Proof of employment must be furnished upon request. Memberships cannot be refunded for any reason. **PLEASE NOTIFY KNOLL ACCOUNTING IF NEW EMPLOYEES ARE LISTED ABOVE. NEW CARDS MAY HAVE TO BE ISSUED.**

Continued on Reverse Side

All **Parsippany** and NJ applicants **MUST** show proof of residency. Proof will be a copy of a most recent tax bill or an executed lease with a statement attesting to this being the PLACE OF BUSINESS and a copy of the most recent electric bill. We reserve the right to request any other proof of residency.

	<u>PARSIPPANY Business</u>	<u>NON-Parsippany Business</u>	<u>OUT-OF-STATE Business</u>
Corporate Membership...			
(4 Members)	3264.00	5964.00	8664.00
(5 Members)	4080.00	7455.00	10,830.00
(6 Members)	4896.00	8946.00	12,996.00
(7 Members)	5737.00	10437.00	15162.00

(Above figures include mandatory handicap fee of \$41 per member)

Wish to renew Locker # _____. Please check here _____ if you are not renewing locker.
 \$220 per locker – please include with membership fee. Only applies if you had a locker in 2016 and wish to renew or if you want locker for 2017 season. Locker number will be assigned to you if you did not have one in 2016.

No Application will be processed without proper payment.

KNOLL MANAGEMENT RESERVES THE RIGHT TO REFUSE ANY APPLICATION. ALL CHARGES INCURRED AT THE KNOLL ARE DUE AND PAYABLE WITHIN 30 DAYS OF STATEMENT BILLING DATE. A DELINQUENT ACCOUNT WILL BE CHARGED IN ACCORDANCE WITH TOWNSHIP ORDINANCE #3-11.4. MEMBERSHIPS CANNOT BE TRANSFERRED OR REFUNDED FOR ANY REASON.

Knoll Account # _____ **Amount Enclosed:** _____

DATE: _____ **SIGNATURE** _____

For office use only: Payment Stub: Member Type Code: _____

Member Name: _____ **Acct #** _____

Payment Type: Check # _____ **Cash** _____

Payment Amount: _____