

Johnson Golf Management, Inc.
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www.johnsongolfmanagement.com

North Hill Country Club
 29 Merry Ave
 Duxbury, MA 02332
 (781) 934-0677
www.northhillcountryclub.com

2017 GOLF MEMBERSHIP APPLICATION

This membership is valid January 1, 2017 to December 31, 2017.

All members and their guests shall abide by the rules and regulations and by any amendments or modifications.

All members and their guests using the facility must register at the Pro Shop upon arriving at the club.

Any member may be expelled or suspended by JGM. Cause for expulsion or suspension may consist of violation of any club rule.

Memberships are non-transferable and non-refundable.

Weekday memberships are not valid on weekends and the following days and/or the Monday or Friday they are observed:

Junior memberships are not valid until after 2 p.m. on weekends and the following days and/or the Monday or Friday they are observed:

New Years' Day (Monday 1-2-17)
 President's Day (Monday 2-20-17)
 Patriot's Day (Monday 4-17-17)
 Fourth of July (Tuesday 7-4-17)
 Columbus Day (Monday 10-9-17)
 Thanksgiving Day (Thursday 11-23-17)

Martin Luther King, Jr. Day (Monday 1-16-17)
 Good Friday (Friday 4-14-17)
 Memorial Day (Monday 5-29-17)
 Labor Day (Monday 9-4-2017)
 Veteran's Day (Saturday 11-11-17)
 Christmas Day (Monday 12-25-17)

Type of membership:
 (all ages are as of 01/01/17)

| | Junior | Individual (18 years +) | Senior (over 60) | Senior Weekday (over 60) | Senior H&W (over 60) | Family (Husband, Wife, Children over 8 and under 18) |
|-------------------------|---------------|-----------------------------------|----------------------------|------------------------------------|------------------------------------|---|
| Duxbury Resident | \$385 | \$1100.00 | \$980.00 | \$800.00 | \$1,330.00 | \$1,450.00 |
| Non-resident | \$385 | \$1,550.00 | \$1,430.00 | \$1250.00 | \$1,780.00 | \$1,900.00 |

MGA Handicap \$50.00 () Yes () No Locker \$65.00 () Yes () No

Last Name: _____ First Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Email Address: _____

Other Family Members and

DOB: _____

I certify that the information provided by me in this application is true and complete. I understand that any falsification or omission by me on this application is grounds for expulsion. I certify that I have read and understand the rules and regulations stated here. I understand that a complete handbook will be given to me and I agree to abide by all policies stated in it. Failure to abide by the rules will result in the suspension of membership.

**I FULLY UNDERSTAND THAT THIS MEMBERSHIP IS NON-REFUNDABLE AND NON-TRANSFERABLE
 FAILURE TO ATTEND THE FACILITY DOES NOT CONSTITUTE A REFUND**

SIGNATURE: _____

DATE: _____

STAFF USE ONLY

Type of Payment: **(cash or check only for memberships)**

Cash: _____

Check #: _____

Amount: _____

Date Paid: _____