



## WELCOME TO KNOB HILL GOLF CLUB

Check One	Category Dues	Age	Monthly	Tax Total	Monthly Total			
	Full Golf Membership	Up to 45	\$325.00	\$21.53	\$346.53			
	Full Golf Membership	45 to 71	\$445.00	\$29.48	\$474.48			
	Full Golf Membership	72 and Older	\$350.00	\$23.19	\$373.19			
	Full Golf Membership	Family Add On	\$120.00	\$7.95	\$127.95			
	Weekday Golf Membership	Any	\$205.00	\$13.58	\$218.58			
	Weekday Golf Membership	Family Add On	\$90.00	\$5.96	\$95.96			
			<b>Annual Fee</b>	Tax	<b>Annual Total</b>			
	Twilight Season Pass	Any	\$1,375	\$91.09	\$1,466.09			
** Monthly charges are net 30 days Finance charge of 1.50% on accounts over 30 days Suspension on accounts over 60 days.  All monthly statements are emailed the 1st of the month and due upon receipt. By signing below you are authorizing Knob Hill Golf Club to charge the valid credit card or ACH on file. I hereby authorize Knob Hill Golf Club to charge my credit card/ACH account on or before the 10th of each month.  Payment Options (Check One):   Monthly Pay in Full  Payment Method (Check One):   Credit Card (3% Processing Fee)								
Name: Member #:  Street:								
				Zip:				
Email Ad	ldress:		Date of	Birth <u>:</u>	/ /			
Home Pl	hone:( )							
	one:( Ext.:							
	Phone: ( )							
Credit Card Type:								
Credit Card #:								
Expiration	xpiration Date: V-Code:							
Membe	r Signature:							

Refund Policy – available upon request.

## **Knob Hill Golf Club**

## Authorization Agreement For Automated Clearing House Transactions (ACH Debits)

<b>ACH Authorization</b>									
Name:			Member #:						
I hereby authorize: Knob Hill Golf Club ,hereinafter called INDIVIDUAL, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) Checking Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.									
Bank Information									
DEPOSITORY NAME:		Branch: (if applicable)							
City, State, ZIP:									
Transit/ABA No: ("Routing #")		Account #:							
	remain in full force and effect until INDI time and in such manner as to afford INI								
Signature(s)  Date  The ACH transaction will take place on or about the 10 <sup>th</sup> of every month for your account balance total									
from the previous month.									
TAPE VOIDED CHECK HERE [Voided check not necessary, but recommended]									