



2024 KNOB HILL MONTHLY ENROLLMENT FORM



WELCOME TO KNOB HILL GOLF CLUB

Check One	Category Dues	Age	Monthly	Tax Total	Monthly Total
<input type="checkbox"/>	Full Golf Membership	Up to 45	\$325.00	\$21.53	\$346.53
<input type="checkbox"/>	Full Golf Membership	45 to 71	\$445.00	\$29.48	\$474.48
<input type="checkbox"/>	Full Golf Membership	72 and Older	\$350.00	\$23.19	\$373.19
<input type="checkbox"/>	Full Golf Membership	Family Add On	\$120.00	\$7.95	\$127.95
<input type="checkbox"/>	Weekday Golf Membership	Any	\$205.00	\$13.58	\$218.58
<input type="checkbox"/>	Weekday Golf Membership	Family Add On	\$90.00	\$5.96	\$95.96
			Annual Fee	Tax	Annual Total
<input type="checkbox"/>	Twilight Season Pass	Any	\$1,375	\$91.09	\$1,466.09

Membership Dues and All Club Charges will be Automatically Charged on a Monthly Basis to Your Credit Card or ACH Cancellation of Membership Requires a (12) Twelve Month Waiting Period Before Rejoining.

** 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) ACH (Must Complete ACH Form)

Check Mail to: Knob Hill Golf Club, 400 Rike Drive, Suite 1C, Millstone Township, 08535

Name: _____ Member #: _____

Street: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Date of Birth: ____ / ____ / ____

Home Phone: () _____

Work Phone: () _____ Ext.: _____

Mobile Phone: () _____

Credit Card Type: Visa Mastercard Amex Discover

Credit Card #: _____

Expiration Date: _____ V-Code: _____

Member Signature: _____

Refund Policy – available upon request.

