		C	$c_{1,1}$	
	North Co	onway Coun	itry Club	
	2024 Twilig	ht Membership	Application	
Twlight	Dues	Capital Fund	Concession Card	Total
Individual	\$795 *Twilight membership	N/A is good for play Sunday-T	N/A hursday after 2:00pm*	\$795
		is good for play Sunday. It		
Name:				
Member Email:				
Member Date of Birth_				
_	(Date	of Birth is for NCCC records	s only)	
Club Storage: 🗆 \$125 P	er Bag			
Practice Range:   \$125	Per Person			
Handicap System Acce	ess: 🗆 One Year GHI	N Activation - \$30 pp	(required for participation in	club events)
Seasonal Cart: 🗆 \$550 ]	Per Person if paid bef	ore April 1st (\$600 after	r April 1 <sup>st</sup> ).	
Cart Punch Card:   \$1	20 for (20) nine hole o	cart fees		
Total Dues and Opt	tions: \$	: 🗆 Cash 🗆	Check 🗆 Credit Car	d*
* For your security, credit co	ard payments can be made			
			Received By: Date:	• 
	I	Billing Information	1	
	This sec	tion must be filled out in its e	ntirety.	
	This sec Should your address chang	tion must be filled out in its e e throughout the season, plea	ntirety. se notify the office directly.	
	This sec Should your address chang or PO Box):	tion must be filled out in its e e throughout the season, plea	ntirety. se notify the office directly.	
Mailing Address (Street City/Town:	This sec Should your address chang or PO Box):	tion must be filled out in its e e throughout the season, plea State:Zip:	ntirety. se notify the office directly.	
Mailing Address (Street City/Town: Home Phone:	This sec Should your address chang t or PO Box):	tion must be filled out in its e e throughout the season, plea State: Zip: _Cell Phone:	ntirety. se notify the office directly.	03860
Mailing Address (Street City/Town: Home Phone:	This sec Should your address chang t or PO Box): t or PO Box):	tion must be filled out in its e e throughout the season, plea State: Zip: _Cell Phone:	ntirety. se notify the office directly. 	03860
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