

*PLAUSAWA VALLEY 2009 MEMBERSHIP APPLICATION FORM*

PLAUSAWA VALLEY COUNTRY CLUB  
42 WHITTEMORE ROAD  
PEMBROKE, NH 03275  
PHONE: 603-224-6267

2009 MEMBERSHIP APPLICATION FORM

(Membership Dues will not be accepted unless accompanied by a signed Application Form)

Name: \_\_\_\_\_ Spouses: \_\_\_\_\_ (If Family Membership)

Date of Birth: \_\_\_\_\_ Spouses DOB: \_\_\_\_\_ (If Family Membership)

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Type of Membership requested:

Sr. Single (full): \_\_\_ Sr. Single (week): \_\_\_ Sr. Family (full):\_\_\_ Sr. Family (week) :\_\_\_  
Single (Full): \_\_\_ Single (week): \_\_\_ Family (full):\_\_\_ Family (week) :\_\_\_ Junior/  
College:\_\_\_

Payment Plan requested:

Pay in full by 11/1/08 \_\_\_\_\_ Pay in Full by 12/1/08\_\_\_\_\_

4-Payment Plan Start 10/15/08\_\_\_\_\_ Payment schedule 25% on 10/15, 12/15, 2/15/09, 4/1/09

5-Payment Plan Start 10/15/08\_\_\_\_\_ Payment schedule 20% on 10/15, 12/1, 1/15/09, 3/1/09  
remaining balance before 2009 season opening day, or first time out in 2009.

(FAMILY MEMBERSHIP) list ONLY the names of those children who will be golfing on this membership and their Dates of Birth.

\_\_\_\_\_

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I certify that the above information is complete and accurate. I agree to abide by the rules and policies set forth by P.V.C.C. I further agree to abide by the Constitution and By-Laws of Plausawa Valley Associates, Inc. and any other regulations as may be set forth by its Board of Directors. This application will not be valid unless signed by the applicant. In case of a Family Membership, both adults must sign the application.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Spouses Signature: \_\_\_\_\_ ( if applicable).

**PAYMENT TYPE:**

CASH: \_\_\_\_ Date: \_\_\_\_\_

CHECK: \_\_\_\_ NUMBER: \_\_\_\_\_ Date: \_\_\_\_\_

**IF PAYING BY CREDIT CARD:**

I agree to allow Plausawa Valley Country Club to charge my Membership Dues to my VISA / MASTER CARD / AMERICAN EXPRESS (circle one) according to the payment plan indicated above (Credit card expiration date must be no sooner than 5/1/09).

Type of Card: \_\_\_\_\_ Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

Note: Payments collected from payment plans are not refundable, unless approved by the PVCC Board of Directors. Request for refunds will need to be in writing. If refund is allowed, please allow a minimum of 30 days to process.