## **2025 KNOB HILL** Monthly Enrollment Form



## 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 то 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	\$240.00	\$15.90	\$255.90
	WEEKDAY GOLF MEMBERSHIP	Family Add On	\$100.00	\$6.63	\$106.63
			ANNUAL FEE	TAX	ANNUAL TOTAL
	Twilight Season Pass	Any	\$1,595.00	\$105.67	\$1,700.67
Payment		Card (3% Processing Fee)   Mail to: 400 Rike Dr	ive, Millstone Twp	o, NJ 08535	
Name:				Member a	#:
-	State:				
Email Ad	ail Address: Date of Birth:				
Home Ph	Phone: Mobile Phone:				
Work Pho	one:	E	xt:		
		terCard Ame			
Credit Ca		terCard 🗌 Ame	ex 🗌 Discov	er	ate:
Credit Ca Credit Ca	nd Type: 🗌 Visa 🗌 Mas	terCard 🗌 Ame	ex 🗌 Discov	er Expiration D	ate:

Enrollment Information/Questions: 609-664-6842 or kevin.compton@troon.com

Knob Hill Golf Club

1 Shinnecock Drive • Manalapan, New Jersey 07726 www.knobhillgc.com • 732-792-7722



## **Knob Hill Golf Club**

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

ACH Authorization							
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 #:					

This authority is to remain in full force and effect until INDIVIDUAL has received written notification from me of its termination in such time and in such manner as to afford INDIVIDUAL and DEPOSITORY a reasonable opportunity to act on it.

Name: *Please print* 

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]