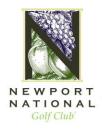


## 2016 Annual Weekday Membership Agreement

Name:	Date of Birth:
Social Security Number:	Email:
Home Address:	Summer Residence:
Phone :( ) Cell Phone :( )	Phone :()
Business Address:	Business Phone:
	Business Fax:
Type of Membership Desired:INDIVIDUAL	FAMILY*
*Please list family members (Spouse, children and birth	dates):
Please check the appropriate box for your correspondence	
Mail all billing and correspondence to myF	Home orBusiness
Payment: Weekday Member Dues are due upon joining	



## 2016 (Annual Weekday Membership Agreement

Payments should be mailed to:		
Newport National Golf Club 324 Mitchell's Lane Middletown, RI 02842		
Upon acceptance of this invitation for Annual Membership (Weekday) to Newport National Gol Club, I hereby promise to pay all dues, fees and balances. I understand that my Membership is a commitment for 2016 only, and that each year hereafter I must be invited by Newport National to renew my membership.		
By signing this invitation, I agree that I am accountable for the actions of all persons i my membership as well as any guests that may accompany me to Newport National.	ncluded in	
Member Date		
Please mail to:		
Newport National Golf Club 324 Mitchell's Lane		

Middletown, RI 02842