



NEWPORT  
NATIONAL  
Golf Club

## *2016 Annual Weekday Membership Agreement*

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Email: \_\_\_\_\_

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

Summer Residence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone : (\_\_\_\_) \_\_\_\_\_

Phone : (\_\_\_\_) \_\_\_\_\_

Cell 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 my \_\_\_\_\_ Home or \_\_\_\_\_ Business

Payment: Weekday Member Dues are due upon joining.



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## *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 Golf 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 included in my membership as well as any guests that may accompany me to Newport National.

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Member

Date

Please mail to:

Newport National Golf Club  
324 Mitchell's Lane  
Middletown, RI 02842