



## Membership Renewal Form 2020

Please update your information below and return to the Pro Shop or mail to:  
300 East Evesham Rd. Cherry Hill, NJ 08003  
Membership renewal can also be completed on our website.

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### Member Information

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Member Email Address: \_\_\_\_\_

Membership Renewal Category: Please check box.

- |   |   |
|---|---|
| <input type="checkbox"/> Advancing Single Golf          | <input type="checkbox"/> Weekday Single Golf  |
| <input type="checkbox"/> Professional Single Golf       | <input type="checkbox"/> Weekday Family Golf  |
| <input type="checkbox"/> Advancing Family Golf          | <input type="checkbox"/> Married Couples Golf |
| <input type="checkbox"/> Professional Family Golf       | <input type="checkbox"/> Junior Golf          |
| <input type="checkbox"/> Young Professional Single Golf | <input type="checkbox"/> Corporate            |
| <input type="checkbox"/> Young Professional Family Golf | <input type="checkbox"/> Golf Pass            |
|   | <input type="checkbox"/> Pool                 |
|   | <input type="checkbox"/> Social Golf          |

By submitting this Renewal Form, you are confirming your agreement with the terms and conditions of the current membership agreement as if it were set forth herein in its entirety. Copies of the current membership agreement are available on our website and may be obtained from the Club's office.

Spouse's Email (if applicable): \_\_\_\_\_

Spouse's Name (if applicable): \_\_\_\_\_ Spouse's Birth Date: \_\_\_\_\_

Please complete the following for any dependents under the age of 21, residing with member who will have Club and pool access:

Dependent Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Dependent Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Dependent Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Dependent Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

## Mailing Information

All Member statements will be emailed unless directed otherwise. Member statements are also available to view and pay online through the member portal on our website.

I wish to receive my statement by mail.

*Home Address:*

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

*Business Address:*

**Business Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

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## Payment Information

### Payment Options

Payment in Full

Installment payments due on February 28, April 30, June 30, 2020

I wish to pay my initial renewal membership fee by:

Check    Cash    Credit\*

Checks can be mailed or dropped off to the Golf Shop:

300 East Evesham Road

Cherry Hill, NJ 08003

**\*Credit card charges subject to the current 3.0% rate**

## Member Credit Card Authorization Form for Monthly Charges

The Village at Woodcrest, LLC ("WCC") is hereby authorized to charge my Credit Card, as specified below, without notice, for my charged balance, for goods, merchandise, carts, services and golf. I will be personally liable for all charges to my Credit Card, whether made by me personally or by an authorized user of mine. I hereby agree to notify WCC immediately and in writing if my Credit Card expires or does not accept charges for any reason. **WCC shall impose a surcharge on all credit card transactions that is equal to WCC's cost of acceptance imposed by the credit card company, currently 3.0%.**

As stated above, I hereby authorize WCC to charge my:

American Express       Visa       Mastercard       Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Security Code: \_\_\_\_\_

Name as it appears on the Card: \_\_\_\_\_

Billing Address for Card: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I understand that my signature on this page and on this contract, along with a copy of both sides of the signed credit card, will serve as my authorized signature on the credit card slip.

\_\_\_\_\_  
Signature of Card Holder

\_\_\_\_\_  
Print Name