



JUMPING BROOK
COUNTRY CLUB

Est. 1925

CORPORATE MEMBERSHIP APPLICATION

210 Jumping Brook Road, Neptune, NJ 07753

Tel: (732) 922-8200 Fax: (732) 922-3653

www.jumpingbrookcc.com

A Property by Matrix Golf & Hospitality

CORPORATE MEMBERSHIP APPLICATION

(Please print or type)

Company Name _____

Address _____

Street

City

County

State

Zip Code

Phone Number () _____ Federal ID Number _____

Type of Business _____

Check off type of Corporate Membership desired:

- Individual Primary Corporate Memberships with full golf play privileges are available at the current published rate and the current published Initiation Fee. * All Membership Dues and Initiation Fees are subject to the current New Jersey sales tax.
- Multiple Primary Corporate Memberships with full golf play privileges are available at the current published rate and the current published Initiation Fee. * All Membership Dues and Initiation Fees are subject to the current New Jersey sales tax.
- Multiple Limited Corporate Memberships are available at the current published rate for one Primary Corporate Member (full golf play privileges) and the current published rate for each additional Limited Corporate Member (full golf play privileges Monday through Friday and after 11:00 a.m. on Saturday, Sunday and Holidays *may reserve earlier tee time if available within 24 hours of play*) and the current published Initiation Fee. * All Membership Dues and Initiation Fees are subject to the current New Jersey sales tax.
- Family Associate Memberships (*spouse or child under 21 years of age living at home or attending school*) are available at the current published rate. This Membership offers unlimited golf playing privileges Monday through Friday and after 11:00 a.m. on Saturdays, Sundays and Holidays. * All Membership Dues and Initiation Fees are subject to the current New Jersey sales tax.

Primary Member's Name _____

Last

First

Middle Initial

Title _____ E-Mail Address _____

Direct Phone Number () _____ Fax Number () _____

Home Address _____

Street

City

County

State

Zip Code

Date of Birth ____ / ____ / ____ Home Phone Number () _____

Second Member's Name _____ Primary Limited

Last

First

Middle Initial

Title _____ E-Mail Address _____

Direct Phone Number () _____ Fax Number () _____

Home Address _____

Street

City

County

State

Zip Code

Date of Birth ____ / ____ / ____ Home Phone Number () _____

Third Member's Name

_____ Last First Middle Initial

Primary Limited

Title _____

E-Mail Address _____

Direct Phone Number () _____

Fax Number () _____

Home Address _____
Street City County State Zip Code

Date of Birth ____/____/____

Home Phone Number () _____

Fourth Member's Name

_____ Last First Middle Initial

Primary Limited

Title _____

E-Mail Address _____

Direct Phone Number () _____

Fax Number () _____

Home Address _____
Street City County State Zip Code

Date of Birth ____/____/____

Home Phone Number () _____

Please provide names of additional Corporate Members (attach separate sheet if necessary)

If you are applying for Family Associate Memberships please complete the information below:

Name of Applicant	Relationship to Member	Date of Birth
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

Referred to Jumping Brook Country Club by: _____

Additional Amenities

Please indicate below if you desire yearly rental of a locker. Locker rentals will be on an availability basis.

Yes How many _____ Member name(s) _____
 No

Please indicate below if you desire golf club storage.

Yes How many _____ Member name(s) _____
 No

Please indicate below if you desire a USGA handicap.

Yes How many _____ Member name(s) _____
 No

The following information **MUST be supplied by new members in order to establish your membership at Jumping Brook Country Club.** All membership applications are accepted contingent upon credit approval. We guarantee that all information will be kept strictly confidential.

Dun & Bradstreet Credit Number (if applicable) _____

Bank _____ Account # _____

Address _____
Street City State Zip Code

Trade Reference _____ Telephone Number () _____

Address _____
Street City State Zip Code

Terms of Payment (check one):

- Full payment with application.
- \$1,500 with application and balance payable by the end of the next billing cycle. Any monies owed after the allotted time will be assessed a late charge equal to 1½ % of the unpaid balance.

Method of Payment (check one):

- Cash
- Credit Card
- Check enclosed for \$ _____ made payable to Jumping Brook Country Club.

With Corporate Membership programs, the undersigned, acting as an officer, director, or agent of the above named company represents that he/she has full authority to act on behalf of said company in this matter.

By signing this agreement, I understand that the Club's membership year commences on January 1st and ends on December 31st, and that Membership Dues and Initiation Fees are not refundable nor subject to cancellation. If an Initiation Fee payment plan is agreed upon, the Member agrees that any unpaid balance is due in full in the event of non-renewal of his/her membership.

All accounts are due and payable upon receipt of the monthly statement. Balances which remain unpaid beyond 30 days of the statement date will be assessed a late charge equal to 1½ % of the unpaid balance. If balances remain unpaid beyond 60 days of the statement date, membership privileges will be automatically suspended and play at the Club disallowed.

All Members and their guests are expected to observe proper conduct and decorum at all times, and must abide by the rules and regulations of the Member Handbook. These rules are not intended to restrict or restrain the conduct or activities of any Member, but are necessary for the benefit of the majority.

Jumping Brook Country Club reserves the right to revoke the membership privileges of Members with late payment history or those Members who do not abide by the rules of the Member Handbook.

Signature _____ Title _____ Date ____ / ____ / ____

For Club Use Only:

Initiation Fee: \$ _____ **Received By:** _____
(Subject to the current New Jersey Sales Tax)

Amount Paid: \$ _____ **Title:** _____

Balance: \$ _____ **Date:** _____