

National Golf Course Owners Association and New England Chapter *Application for Membership*



Golf Course/Company: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different): _____ City: _____ State: _____ Zip: _____

Owner Name: _____ Title: _____

Phone: _____ Email (required for members-only logins): _____

Primary Contact (if different): _____ Title: _____

Phone: _____ Email (required for members-only logins): _____

Website: _____ Tax ID# (required for cash rebates): _____

◆ **Two-for-One Membership** – When you join, you become a member of both the NGCOA and the New England GCOA. Together, we represent you on national and local issues, help you connect with peers, and provide educational and savings opportunities. Here's your first chance to save! Save 10% on membership dues when you choose a three-year membership.

One-Year Membership Dues

<input type="checkbox"/> 9 Holes/Golf Range	\$210
<input type="checkbox"/> 18 Holes	\$415
<input type="checkbox"/> 27 Holes to 45 Holes	\$610
<input type="checkbox"/> 3 – 5 Courses*	\$835
<input type="checkbox"/> 6 – 10 Courses*	\$1,500

* Course = 18 Holes

SAVE 10% - Three-Year Membership Dues

<input type="checkbox"/> 9 Holes/ Golf Range	\$567.00 (save \$63)
<input type="checkbox"/> 18 Holes	\$1,120.50 (save \$124.50)
<input type="checkbox"/> 27 Holes to 45 Holes	\$1,647.00 (save \$183)
<input type="checkbox"/> 3 – 5 Courses*	\$2,254.50 (save \$250.50)
<input type="checkbox"/> 6 – 10 Courses*	\$4,050.00 (save \$450)

Type of Course (please select one):

Daily Fee Semi-private Private Resort Municipal/Military Golf Range; Alternative Facility

If you operate more than one course, please attach contact information on all courses.

◆ **New England GCOA - Please check out the chapter's website at www.negcoa.org.**

◆ **National GCOA - Please check out National's website at www.ngcoa.org.**

◆ **New England GCOA - New in 2020 - Members have free access to the Compensation and Benefits Report.**

◆ **Payment - Please enclose a check made payable to NEGCOA or pay by credit card. Mail or scan and email payment (see information below).**

Credit Card #: _____ Exp. Date: _____ * Security code - 3 or 4 digits on signature strip: _____

Credit Card Billing Address (if different from above): _____

Name on Card: _____ Signature: _____

**REMIT TO: NEGCOA
300 ARNOLD PALMER BLVD.
NORTON, MA 02766**

**PH: 774-430-9031
EGBHARDT@NEGCOA.ORG
WWW.NEGCOA.ORG**