

PARAMUS GOLF COURSE – 2024

RESIDENT / NON-RESIDENT MEMBERSHIP FORM

DATE: _____ MEMBERSHIP #: _____

NAME: FIRST: _____ LAST: _____

E-MAIL ADDRESS: _____

STREET ADDRESS: _____

TOWN: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: () _____ - _____ CELL PHONE : () _____ - _____

D.O.B : _____ Paramus Veteran / Volunteer?: Yes No

EMERGENCY CONTACT: _____ PHONE: () _____ - _____

Member Signature: _____

----- ***Office Use Only*** -----



Current Driver's License / School ID: _____ Verified By: _____

Two (2) Additional Documents showing proof of **PARAMUS** Residency Verified by PGC Employee:

Most Recent Local Tax Bill: _____

Most Recent PSE&G Bill: _____

Most Recent VEOLIA Bill: _____

Most Recent Home Phone Bill: _____

(Cell Phone Bills – Credit Card / Bank Statements – Car Insurance > **NOT** ACCEPTABLE DOCUMENTATION)

EMPLOYEE PRINT: _____ DATE: _____

EMPLOYEE SIGNATURE: _____