



Golf Course GROUP Membership Application

BERNARDS TWP PARKS & RECREATION
1 COLLYER LANE, BASKING RIDGE, NJ 07920
908-204-3003 www.bernards.org

Group Membership Qualifications

Group Memberships may be purchased by a business physically located in Bernards Township. Any employee of the business would be eligible to be named on a membership regardless of their personal residency. A minimum of five memberships must be purchased to be eligible for a Group Membership.

Group Membership Privileges

- Membership includes unlimited course play with no additional greens fees.
- Members may bring up to three guests with them per visit, by paying the daily guest fee by cash or check upon arrival at the golf course. Guest Visit Credits may also be purchased online in advance. Guests are permitted with a member until two hours prior to the posted closing time for the day.

Group Membership Policies

- All memberships will be listed in the same account under the business' name and address. Individual email address, phone numbers and emergency contacts will be listed for each member.
- An individual must be named on each membership and that employee will be issued a Membership Photo ID card to present upon each visit to the course. Memberships are not interchangeable.
- A minimum of five memberships must be renewed annually to maintain active Group Membership status. Should a lapse in membership occur, a re-registration fee will apply upon rejoining.
- Memberships may be transferred from one employee to another in the event of an employment status change. Different individuals may be named for membership upon renewal each year.
- These policies are in addition to the general course policies outlined in the Membership Handbook.

Photo IDs are issued in person at the Parks & Recreation Office Monday-Friday, between 8:30am and 4:30pm.

2025 Group Membership & Initiation Fees

Year 1: \$3,400.00, Includes 5 Memberships

- Initiation Fee: \$900.00 for the first 5 Members
- Annual Membership Fee: \$2,500.00 for the first 5 Members

Additional Memberships may be purchased for \$650.00 each (\$150.00 Initiation + \$500.00 Annual Membership Fee)

Year 2 and Beyond: \$2,500.00 Annually, Includes 5 Memberships (based on 2025 rates)

- Annual Membership Fees will be assessed at the current rates. Group Memberships will receive the Early Payment Discount rate, regardless of when membership is purchased.

Additional Memberships would renew at \$500.00 each (based on 2025 rates)

2025 GUESTS & OTHER FEES		COST
OPTIONAL FEES		
• Prepaid Guest Visit Credits Purchased by a Member for rounds played with a Guest — 10, nine-hole rounds—Valid Monday, Tuesday, Wednesday, Thursday Only (\$50.00 Savings)		\$150.00
• Prepaid Guest Visit Credits Purchased by a Member for rounds played with a Guest — 10, nine-hole rounds—Valid Friday-Sunday Only (\$50.00 Savings)		\$200.00
• USGA Handicap Registration — Ages 19 and Older — Students who turn 18 years old or younger in 2025		\$ 35.00 FREE
GUEST FEES—Paid at the Golf Course		
• Monday, Tuesday, Wednesday, Thursday (9 Holes)		\$ 20.00
• Friday, Saturday, Sunday & Holidays (9 Holes)		\$ 25.00
• Students—Ages 8-23		
— Monday, Tuesday, Wednesday, Thursday (9 Holes)		\$ 15.00
— Friday, Saturday, Sunday & Holidays (9 Holes)		\$ 20.00
• Second 9-Hole Round (played consecutively)		\$ 7.00
Pull Cart Rental—Paid at the Golf Course		\$ 3.00
Photo I.D. Replacement (If Lost)		
• No charge for an updated photo in January and February or if pass is brought in at time of photo		\$ 10.00

Operating Season:
April 1 through
November 16, 2025

By purchasing a membership, you agree to abide by the Rules & Regulations printed in the Membership Handbook and agree to the Township's Hold Harmless Statement.
For more information visit the Golf Homepage at www.bernards.org.



Golf Course GROUP Membership Application

BERNARDS TWP PARKS & RECREATION
1 COLLYER LANE, BASKING RIDGE, NJ 07920
908-204-3003 www.bernards.org

COMPLETE ALL FIELDS – PLEASE PRINT CLEARLY

BUSINESS NAME: _____ **Select One:** ____ First Year ____ Renewing

ADDRESS: _____ **CITY:** _____ **ZIP CODE:** _____

MAIN BUSINESS CONTACT/REPRESENTATIVE

NAME: _____ **PHONE:** _____ **EMAIL:** _____

MEMBER INFORMATION

#1 NAME: _____ **Check One:** New Renew **DATE OF BIRTH:** ____/____/____

PHONE: _____ **EMAIL:** _____

EMERGENCY CONTACT: _____ **EMERGENCY PHONE:** _____

#2 NAME: _____ **Check One:** New Renew **DATE OF BIRTH:** ____/____/____

PHONE: _____ **EMAIL:** _____

EMERGENCY CONTACT: _____ **EMERGENCY PHONE:** _____

#3 NAME: _____ **Check One:** New Renew **DATE OF BIRTH:** ____/____/____

PHONE: _____ **EMAIL:** _____

EMERGENCY CONTACT: _____ **EMERGENCY PHONE:** _____

#4 NAME: _____ **Check One:** New Renew **DATE OF BIRTH:** ____/____/____

PHONE: _____ **EMAIL:** _____

EMERGENCY CONTACT: _____ **EMERGENCY PHONE:** _____

#5 NAME: _____ **Check One:** New Renew **DATE OF BIRTH:** ____/____/____

PHONE: _____ **EMAIL:** _____

EMERGENCY CONTACT: _____ **EMERGENCY PHONE:** _____

#6 NAME: _____ **Check One:** New Renew **DATE OF BIRTH:** ____/____/____

PHONE: _____ **EMAIL:** _____

EMERGENCY CONTACT: _____ **EMERGENCY PHONE:** _____

To purchase more than 6 memberships, attach a list to this application with the above requested information.

OFFICE USE ONLY

Payment Amount: _____ **Check #** _____ **Received:** _____