

COTTONWOOD MEN'S GOLF ASSOCIATION

APPLICATION FOR MEMBERSHIP

Nov. 2019 -- Oct. 2020

ALL Applicants MUST Complete this Form

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

EMAIL: _____ YEAR BORN: _____

Circle Shirt Size S M L XL XXL

MEMBERSHIP: Renewal _____ New _____ Index (AGA) Only _____

2018/2019 CMGA LOCAL # _____ if renewal.

\$\$\$\$\$\$\$\$\$ *** AGA SPECIAL ***** \$\$\$\$\$\$\$\$\$\$**

CMGA + AGA MEMBERSHIP **!!!!PAID BEFORE 12/15/19!!!!** \$70.00

CMGA and (AGA) Membership **!!!!PAID AFTER 12/15/2019** \$80.00

CMGA and (AGA) Membership July 1 to September 30 2020 \$40.00

AGA Membership ONLY (CMGA Handicap Service only) \$55.00

LEGEND: Includes CMGA and AGA Membership before **12/15/2019**

(Applicant must be age 85 prior to November 1st, 2019) \$35.00

IF Paid after 12/15/2019 \$40.00

July 1 to September 30 2020 \$25.00

NEW MEMBERS ONLY (complete the following to TRANSFER or establish a Handicap)

I DO have an established USGA Handicap Index of _____ From: _____

Previous CLUB Name _____ GHIN Number _____

Previous CLUB Address _____ Phone _____

I DO NOT have an established USGA Handicap _____

Attached are 5 RECENT attested Scores to establish my AGA/CMGA Handicap _____

USE my next 5 SCORES to establish my Handicap _____

ATTACH YOUR CHECK PAYABLE to CMGA (no cash) to this APPLICATION and leave the completed application at the Pro Shop desk.

CMGA Golf Committee Use Only::

LOCAL NUMBER _____

NEW MEMBERSHIP GHIN NUMBER _____

CHECK NUMBER _____ DATE _____

AMOUNT PAID _____ CMGA TREASURER _____

