

**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 1<sup>st</sup>, 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 \_\_\_\_\_