

# COTTONWOOD MEN'S GOLF ASSOCIATION

## APPLICATION FOR MEMBERSHIP

Nov. 2023 -- Oct. 2024

ALL Applicants MUST Complete this Form

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ Birth Date: \_\_\_\_\_

MEMBERSHIP: AGA Online Renewal \_\_\_\_\_ Check Renewal \_\_\_\_\_ Zelle Renewal \_\_\_\_\_

Index (AGA) Only \_\_\_\_\_ CMGA GHIN # \_\_\_\_\_ if renewal.

<b>CMGA &amp; AGA MEMBERSHIP IF PAID ON OR BEFORE 12/15/23</b>	<b>\$90.00</b>	<input type="checkbox"/>
CMGA & AGA Membership	December 16, 2023, to June 30, 2024,	\$95.00 <input type="checkbox"/>
CMGA & AGA Membership	July 1, 2024 to Sept 30, 2024	\$55.00 <input type="checkbox"/>
AGA Membership (Handicap Service only)		\$65.00 <input type="checkbox"/>
<b>LEGEND: Includes CMGA and AGA Membership if paid on or before 12/15/2023</b>		
(Applicant must be age 85 prior to November 1 <sup>st</sup> , 2023)		\$40.00 <input type="checkbox"/>
IF paid after 12/15/2023		\$45.00 <input type="checkbox"/>

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

I DO have an established USGA Handicap Index of \_\_\_\_\_ State: \_\_\_\_\_

Previous CLUB Name \_\_\_\_\_ GHIN Number \_\_\_\_\_

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.**

Shirt Size (Circle One) S M L XL XXL

Tee Choice: Use Handicap Index Yes No (If No Choose Tees) \_\_\_\_\_  
(If tees are not determined based on Handicap Index, chosen tees will be in effect for the entire season.)

#### **CMGA Golf Committee Use Only:**

LOCAL NUMBER \_\_\_\_\_

NEW MEMBERSHIP GHIN NUMBER \_\_\_\_\_

CHECK NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

AMOUNT PAID \_\_\_\_\_ CMGA TREASURER \_\_\_\_\_