EAST HARTFORD MEN'S GOLF CLUB

	MEMBERSHIP APPLICATIO Please fill Out Completel		
Name	G	GHIN Number	
Home Address		Date of Birth:	
City	State	Zip	
Home Phone	Cell Phone		
E-Mail Address	Please print neatly		
Membership Dues (Inclu Honorary Membership I	ding GHIN Handicap): Dues (Age @80+ Member @10+ Yrs.)	\$120 \$ 60	
<u>N</u>	ew Members Please Fill Out	This Section	
Current Handicap	Average 18 H	Average 18 Hole Score	
List previous club member	rships		
CSGA Handicap, if known	GHIN Numb	GHIN Number	
• •	h of 2024 or the combination of your ag old Tees beginning with the first Tourn	· · · ·	
Do you intend to play fro	om the Gold Tees in 2024 if eligible to	do so? (Yes) (No)	
I agree to abide by the Eas spirit of good sportsmansh		nd to participate in sponsored events in a	
Applicant's Signature		Date	
Make Check Payable to:	East Hartford Men's Golf Club		
	Application and Check should b Bill Holota 142 Brandy Street Bolton, CT 06043	be sent to:	
Please Return Renewal Applications by March 31, 2024			