

PAINTED MOUNTAIN MEN'S GOLF CLUB

MEMBERSHIP APPLICATION

Name _____

Address _____

City _____ Zip Code _____ Phone _____

E-mail Address _____

Are you now or have you ever been a member of the AGA or any other State or regional golf association recognized by the USGA?

Yes _____ No _____

If Yes, Name of Club _____ GHIN # _____

Handicap Index _____ or, approximate Handicap _____

Attached is my check (payable to Painted Mountain Men's Club for Membership Amount \$55

Signature _____ Date _____