



Cape Cod Women's Golf League

2018 ASSOCIATE MEMBERSHIP

APPLICATION

Date: _____

NEW MEMBER RENEWAL

PLEASE PRINT CLEARLY

INFORMATION

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

MAILING ADDRESS
HANDBOOK (MARCH 2019):

City: _____ State: ____ Zip: _____

EMAIL: _____

Phone Number: Choose ONE to be Published in Handbook:

Home: _____

Cell: _____

GOLF CLUB AFFILIATION

Club Membership: _____

Name of Club for Handicap Affiliation if NOT a Full Member of a qualified Golf Club.

City: _____ State: ____ Zip: _____

HANDICAP / GHIN

USGA Handicap Index: _____

USGA GHIN Number: _____

MEMBERSHIP REQUIREMENTS ≈ DUES INFORMATION

- Applicant must have an active Handicap Index Number (GHIN#), and is playing and posting scores on a regular basis at a golf club of over 3,000 yards.
- USGA Handicap INDEX must be 25.4 or less at time of application, based on a minimum of ten 18 hole scores and be maintained for eligibility to play in League Events.
- Limited to play in no more than three (3) regular Events/Tournaments, plus Special Events Tournaments* (Spring and/or Fall).
- Special Events are the Hospital Benefit and Bring-a-Friend and any other like events tbd during the season.
- Applications will be reviewed by the Board of Directors and notified by Membership regarding effective status.
- **DUES** – All dues must be paid upon application for Membership **[2018 ANNUAL DUES are \$50.00]**.
Renewals are due no later than the Fall Annual Meeting.

Please forward Application/Check to Sara Mantineo (Membership Chair) by mail:
Sara Mantineo, 338 Cotuit Road, Sandwich, MA 02563

FOR OFFICIAL USE ONLY

Date of Application Acceptance: _____ Check Number: _____

Date of Payment of Annual Dues: _____ Check Number: _____