



Cape Cod Women's Golf League

2019 FULL Membership Application

Date: _____

NEW MEMBER **RENEWAL** *Fill out ALL Information*

PLEASE PRINT CLEARLY

INFORMATION

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

**MAILING ADDRESS FOR
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.
- Required to play a minimum of seven (7) times each year (Spring and/or Fall) before reaching special tenure benefits.
- Applications will be reviewed by the Board of Directors and notified by Membership regarding effective status.
- Members are asked to help out/volunteer on various positions or tasks from time to time throughout the League's golf season.
- **DUES for 2019 - EARLY BIRD SPECIAL RATE** — If dues are paid **BEFORE** December 1, 2018 the amount due is **\$30.⁰⁰**. **AFTER** December 1st, the amount due is **\$35.⁰⁰**
Please mail your check to: Sara Mantineo, 338 Cotuit Road, Sandwich, MA 02563

Please indicate which Area you would like to volunteer: (CIRCLE) Club Rep, Handbook, Handicaps, Membership, Publicity, Prizes, Rules, Sites, Sunshine, Tournaments or Website/Handbook.

Comments/Suggestions: _____

FOR OFFICIAL USE ONLY

Date of Application Acceptance: _____ **Check Number:** _____

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