

**CGC 9 HOLE WOMEN'S ASSOCIATION
NEW MEMBER APPLICATION**

APPLICATION **Date:** _____

NAME(please print) _____

PHONE # _____

ADDRESS (summer) _____

ADDRESS(winter) _____

E-MAIL _____

Your handicap for 9 holes must be 27 or lower

CGC Membership # _____ **Computer/Local Access (Handicap)#** _____

Annual Dues: \$ 35.00

Optional Donation to Nauset Girl's Scholarship \$5.00

MAKE CHECK PAYBLE TO--- CGC 9-Holers

MAIL TO--- Margaret Litavis 508-896-1774

297 Wauquanesit Dr., Brewster, MA 02631

*******DO NOT PUT CHECKS IN PRO SHOP BOX*******

New Member Verification by Officer

Handicap Checked: _____ Paid League Fee _____