

**ROCKLEDGE GOLF CLUB
MEN'S CLUB – 2010 MEMBERSHIP APPLICATION**

Member Information (Please PRINT clearly)

Name: _____ Birth Date (required): _____
Street Address: _____
Town: _____ State: _____ Zip Code: _____
Home Phone # _____ Alternate Phone # _____
Email Address _____ @ _____

Membership Renewal

_____ Adult
_____ Junior (ages 14-17 as of 1/1/10)
_____ Full Time Student (ages 18-24 as of 1/1/10)
(Required) School: _____

New Membership

GHIN # (if available) _____
_____ Adult Town Resident
_____ Adult Non Resident
Sponsoring Member: (Required, if not being grandfathered) _____
_____ Junior (ages 14-17 as of 1/1/10)
_____ Full Time Student (ages 18-24 as of 1/1/10)
(Required) School: _____

Annual Dues*: Adult \$85
 Junior & FT Student \$15

* Checks or money order only
Add \$10 if dues received after June 1st

Mail application with check or money order, payable to 'Rockledge Men's Club' to:

Rockledge Golf Club-Men's Club
c/o John Davison, Treasurer
289 South Main Street
West Hartford, CT 06107

Internal Use Only.....

MEM: _____ GHIN: _____ RGC: _____ PRO _____