

SOUTHINGTON COUNTRY CLUB MEN'S CLUB
APPLICATION FOR 2018 MEMBERSHIP
(PLEASE PRINT CLEARLY)

NAME: _____

ADDRESS: _____

CITY: STATE: _____

PHONE # _____ **ZIP CODE:** _____

EMAIL: _____

I am 18 years of age (or older) and wish to apply for membership in the Southington Country Club Men's Club. I agree to abide by the rules of the CSGA, the SCC Men's Club, and the rules set forth by the Southington Country Club.

I understand that the fees to join the Men's Club will be \$120.00 per year for non-members of the Southington Country Club. Southington Country Club members may join the Men's Club for \$90.00. This includes the necessary fees payable to the State Golf Association (CSGA) for maintaining a current USGA Handicap. I understand a USGA Handicap is required to play in the Men's Club events and Tournaments.

SIGNED DATE _____

GHIN # _____ (if you have one). Please enclose the fees with your application. Your application will not be considered without payment.

Amount enclosed \$ _____

NOTE: Please make checks payable to Southington Country Club.

mailed to:

Southington Country Club
Attention: Men's Club
150 Savage Street
Plantsville, CT 06479