



GOLF MEMBERSHIP APPLICATION

FULL NAME: _____ DATE: _____

ADDRESS: _____

E-MAIL: _____ CELL: _____

DEPARTMENT / AGENCY: _____

ACTIVE / RETIRED: _____

GOLF POLO SIZE: _____

GHIN NUMBER: _____

MEMBERSHIP & SEASON FEES

Member Fee: \$100 check payable to JOSEPH CAMMARATO

Closest to Pin: \$100 • Total: \$200 for the season

PAYMENT INCLUDES:

Golf Polo • Pre-Season Luncheon • Mid-Season Pizza Gathering
October Awards Luncheon

CTP: \$300 PER WEEK • 17 WEEKS

MAIL COMPLETED APPLICATION WITH \$200 CHECK TO:

JOSEPH CAMMARATO
28 NORWOOD LANE
RONKONKOMA, NY 11779