

**THE CAPTAINS GOLF COURSE
9 HOLE WOMEN'S ASSOCIATION
NEW MEMBER APPLICATION**

DATE: _____

NAME (please print) _____

CELL# _____ HOME# _____

ADDRESS (primary) _____

ADDRESS (summer, if different) _____

E-MAIL _____

EMERGENCY CONTACT:

NAME _____ PHONE _____

You must have an established GHIN handicap. Your GHIN handicap index can be no greater than 52.

CGC Membership # _____ GHIN # (if established) _____

STATE GHIN is found (if not MA) _____

Annual Dues: \$ 40.00 _____

Optional \$10 to Nauset Girls' Golf Scholarship Fund _____

Total _____

MAKE CHECK PAYABLE TO: CGC 9-Holers

MAIL TO: Deb Vierra, 87 Lombard Ln, Eastham MA 02642

Phone: 508-367-8958

Email: dvierra57@comcast.net

New Member Verification by Officer

Handicap Checked: _____ Paid League Fee _____