



## Membership Application

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

Email Address \_\_\_\_\_

Active GHIN # \_\_\_\_\_

**\*\*\*New Members:** Requirements... an index of 32 or lower and a copy of your active handicap card which can be found on MGA website/app

PLEASE DOWNLOAD THIS FORM AND SEND IT WITH YOUR CHECK MADE OUT  
TO CMLGA FOR \$150 TO:

KATHY CLOONAN  
29 TOMPKINS STREET  
EAST NORTHPORT, NY 11731  
Phone: 631-553-0275

