

**\*\*\* SIMSBURY FARMS MEN'S CLUB \*\*\***  
**2019 APPLICATION for MEMBERSHIP -- Non-Residents Welcome**  
[www.SimsburyFarmsMensClub.com](http://www.SimsburyFarmsMensClub.com)

APPLICANT NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ (SFMC Info & Event emails)

STREET ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE (H): \_\_\_\_\_ (CELL): \_\_\_\_\_

SFMC MEMBER during 2018? YES \_\_\_\_ NO \_\_\_\_ (check one) Who referred you to SFMC? \_\_\_\_\_

Prior Club Name \_\_\_\_\_ Your GHIN Handicap # \_\_\_\_\_

<input checked="" type="checkbox"/> Your Selections:	<u>Membership Type</u> 2019 Application & Payment must be received prior to entering any 2019 SFMC Tournament	<u>Amount</u>
<input type="checkbox"/>	<u>Regular Membership</u> Ages 18 to 64, as of 4/1/2019	<b>\$120.00</b>
<input type="checkbox"/>	<u>Senior Membership</u> Age 65 or older, as of 4/1/2019	<b>\$100.00</b>
<input type="checkbox"/>	<u>Hole-In-One Contest</u> <small>(ENCOURAGED BUT OPTIONAL – (50% CASH &amp; 50% Scholarship Fund))</small>	<b>\$10.00</b>
<input type="checkbox"/>	<u>SFMC Golf Scholarship Fund Donation:</u> I wish to donate ( ) \$25 ( ) \$50 ( ) \$75 ( ) Other: \$ _____ that accompanies this application that is in additional to and separate from Membership Dues & Hole-In-One Fee.	
<b>Make CHECKS PAYABLE to SFMC &amp; MAIL to:</b> <b>SFMC P.O. BOX 444 SIMSBURY, CT 06070</b>		
<b>Important Note:</b> Acceptance of Membership is contingent upon Board approval and member's full compliance with the Rules of Golf, SFMC Bylaws and Conditions of Competition. Please visit <a href="http://www.SimsburyFarmsMensClub.com">www.SimsburyFarmsMensClub.com</a> for more information on our by-laws and tournament requirements.		

Signature \_\_\_\_\_ Date \_\_\_\_\_