

❖ SIMSBURY FARMS MEN'S CLUB ❖

2018 APPLICATION for MEMBERSHIP -- Non-Residents Welcome

www.SimsburyFarmsMensClub.com

APPLICANT NAME: _____

EMAIL ADDRESS: _____ (SFMC News & eVite emails)

STREET ADDRESS: _____

TOWN: _____ STATE: _____ ZIP: _____

TELEPHONE (H): _____ (CELL): _____

SFMC Member prior year? YES ___ or NO ___ Who Referred you to SFMC?: _____

Prior Golf Club: _____ Your GHIN Handicap # _____

<input checked="" type="checkbox"/> Your Selections: <ul style="list-style-type: none"> • Regular or Senior • Hole-in-One • Fund Donation 	<p align="center"><u>Membership Type</u></p> <p align="center">Application & Payment must be received prior to entering a SFMC Tournament this year.</p>	<p align="center"><u>AMOUNT</u></p>
<input type="checkbox"/>	<p align="center"><u>REGULAR Membership</u> Ages 18 to 64, as of APRIL 1ST</p>	<p align="center">\$115.00</p>
<input type="checkbox"/>	<p align="center"><u>SENIOR Membership</u> Age 65 or older, as of APRIL 1ST</p>	<p align="center">\$95.00</p>
<input type="checkbox"/>	<p align="center"><u>Hole-In-One Contest</u> ENCOURAGED BUT OPTIONAL --- (50% CASH & 50% SHS Scholarship Fund)</p>	<p align="center">\$10.00</p>

SFMC Scholarship Fund Donation: I wish to donate
 () \$25 () \$50 () \$75 () Other: \$_____ that accompanies this application and is additional to and separate from membership dues & Hole-In-One entry fee.

ACKNOWLEDGEMENTS: I understand my Application for Membership is contingent upon Board review & approval and my adherence with all rules governing golf and SFMC Bylaws. To be eligible to play in SFMC CHAMPIONSHIPS, I must have played in at least two SFMC tournaments this year and it's my responsibility to present extenuating circumstances, if any, to the Tournament Committee for consideration. Further details are noted in the SFMC Tournament Schedule & Descriptions posted in the SF men's locker room and online at www.simsburyfarmsmensclub.com

Signature _____ Date _____