

Simsbury Farms Men's Club

2024 Membership Application

Name: _____ Email: _____

Phone Mobile: _____ Home: _____

Town: _____ State: _____

Emergy. Contact: _____ Phone: _____

Prior Member (Y\N)? _____ GHIN # _____

<input type="checkbox"/>	Dues: All Members	\$135
<input type="checkbox"/>	Match Play Classic (optional: see website for details)	\$20

Donate to SFMC Golf Scholarship Fund

<input type="checkbox"/>	\$25	<input type="checkbox"/>	\$75	
<input type="checkbox"/>	\$50	<input type="checkbox"/>	Other: \$ \$ _____

Total: _____ \$ _____

Make checks payable to SFMC and mail to: SFMC, PO BOX 444, Simsbury, CT 06070

Notice: Acceptance of Membership is contingent on SFMC Board approval and member's full compliance with the Rules of Golf, SFMC bylaws and Conditions of Competition. Please visit our website: www.simsburyfarmsmensclub.com for more information.