Simsbury Farms Men's Club

2026 Membership Application

Name: _____ Email: _____

Phone # Mobile: _____ Home: _____

Town: _____ State: _____

Emergy. Contact: _____ Phone: _____

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

Date of Birth _____

If a new member, who referred you to the SFMC (or N/A): _____

☐ Dues: All Members $155

☐ Match Play Classic (optional: see website for details) $20

Donation to SFMC Golf Scholarship Fund

☐ $25 ☐ $75

☐ $50 ☐ Other: $ _____ $ _____

Total: $ _____

Make checks payable to SFMC and mail to: SFMC, PO BOX 444, Simsbury, CT 06070
Or drop off at the Pro Shop

Notice: Acceptance of Membership is contigent 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.