ROCKLEDGE MEN'S CLUB
2019 Membership Application

Membership Information (PLEASE PRINT CLEARLY)

Name: _____ GHIN # (if available): _____

Street Address: _____ Town: _____

State: _____ Zip Code: _____Home Phone # _____

Work Phone #_____ Cell Phone # _____

Email Address** _____ Date of Birth**_____

(Used for Men's Club and Pro Shop communications only) (Used for tournament teeing privileges)

** BOTH OF THESE LINES "MUST" BE FILLED IN!!

Membership Renewal *(for renewing 2018 RMC members only)*

_____ Sponsor - $275 (Includes one adult membership with completion of this RMC membership application)

_____ Adult - $115

_____ Junior ages 14-17 as of 1/1/19- $20

_____ Full time student ages 18-24 as of 1/1/19 - $20, School name _____

New Membership

_____ Sponsor - $275 (Includes one adult membership with completion of this RMC membership application)

_____ Adult - West Hartford resident - $115

_____ Adult - Non-resident - $115, Referring member _____

_____ Junior ages 14-17 as of 1/1/19- $20

_____ Full time student ages 18-24 as of 1/1/19 - $20, School name _____

Additional Information

_____ Please check this box if you *DO NOT* want your telephone number and email address listed in a printed Men's Club member directory that will be available for members' reference at the Rockledge Pro Shop

Mail or deliver application with check payable to Rockledge Men's Club to:

Rockledge Golf Club - c/o Bob Herr, Men's Club Treasurer
289 South Main Street, West Hartford, CT 06107

Visit our website, www.rockledgemensclub.com, for all other information about our club

Internal Use Only.....

PRO: _____ GHIN:_____ RGC #:_____ TREAS:_____MEM:_____