

2024

CMGC MEMBERSHIP FORM

*Renewing Member

New Member

*Name: _____

*Address: _____

Email: _____

*Tel. # _____ Date of Birth: _____

Spouse's Name: _____

Annual Dues:	Club	SCGA	Total
Full Membership:	\$36	\$36	\$72
Associate Membership	\$36		\$36
Social Members:	\$15		\$15

*GHIN # _____ Multi Member Club _____

Mail your application and check (payable to "Colony Men's Golf Club") to George Herrera, 23797 Via Barletta. If more convenient, drop the membership form with check in the "Men's Golf" slot in the Golf Shop.

Check# _____ Date _____ Amount Paid _____