



MEMBERSHIP APPLICATION

I hereby apply for membership in the Edgolfadventure Golf Club with the understanding said application is subject to the approval of the Officers of the Club. Membership fee is \$20.00 and renewable annually.

Name _____

Home Address _____

City,State, Zip _____

Home Phone _____

Cell Phone _____

Email Address _____

Important Information for Handicap Chairman: If you have a USGA handicap from another club, we need to know your GHIN Number and the name of the club. To establish a handicap , you have to play at least 3 EGC tournaments in a span of 5 months and must join SCGA.

GHIN # _____

Name of another club _____

***** EGC USE ONLY*****

Rec'd _____

Date _____