



**APPLICATION FOR MEMBERSHIP
2016**

Name (1) _____
please print underline preferred first name

Name of Spouse/Partner(2) _____
please print underline preferred first name

Is Spouse/Partner applying for membership? yes _____ no _____

Mailing address _____
Postal Code _____

Telephone _____

E-Mail (applicant 1) _____ (applicant 2) _____

Date of Birth (applicant 1) _____

Date of Birth (applicant 2) _____

Home Golf Club _____

Handicap Index (applicant 1) _____ Handicap Index (applicant 2) _____

Shirt size (applicant 1) S ___ M ___ L ___ XL ___ (applicant 2) S ___ M ___ L ___ XL ___

Signature of applicant 1 _____

Signature of applicant 2 _____

Date of Application _____

Signature _____

Proposed by _____
please print

Signature _____

Proposed by _____
please print

Annual Dues: Single \$80.00 or couple \$100.00

Initiation Fee: \$0.00 for 2016

Make cheque payable to MSGA.

**MAIL TO: MSGA
29 GLENCOVE DRIVE
STRATFORD, PE, C1B 1Y2**