

THE OGA REQUIRES THAT ALL OF THE REQUESTED INFORMATION IN THE BOX BELOW IS FILLED OUT EVEN IF YOU ARE AN EXISTING MEMBER

2024 CGM MEN'S CLUB APPLICATION

NAME: _____ CGM Member # _____
STREET ADDRESS: _____
CITY/STATE/ZIP: _____
PRIMARY CONTACT PHONE #: _____
EMAIL: _____

NOTE: All tournaments and Men's Club information will be sent to the membership by email.

TYPE OF APPLICATION: ADULT: ____

JUNIOR: ____ (17 YEARS OR YOUNGER) SUPER SENIOR: ____ (90 YEARS OR OLDER)

DATE OF BIRTH: ____ / ____ / ____ AGE: ____

MEN'S CLUB MEMBERSHIP FEES:

*JUNIOR/SENIOR (<18 YRS OLD-SENIOR 90 YRS OLD>) \$ 0.00

*JUNIORS, 16 YRS OR OLDER CAN JOIN THE MEN'S CLUB TO PARTICIPATE IN MEN'S CLUB TOURNAMENTS, FULL MEN'S CLUB DUES MUST BE PAID.

MEN'S ANNUAL DUES \$80.00

ARE YOU A MEMBER OF THE CGM MEN'S CLUB HOLE-IN-ONE? YES NO

IF YOU ARE A CURRENT MEMBER NO FEE IS DUE.

IF NOT AND YOU WANT TO JOIN, A \$5 FEE IS DUE. HOLE-IN-ONE FEE** \$5.00

TOTAL TO BE CHARGED: \$ _____

****Hole-in-one membership is optional, once signed up, it is for the entire season. See CGM Men's Club By-Laws posted in the golf locker room for more information.**

IF YOU ARE A NEW MEMBER, DO YOU HAVE A GHIN NUMBER? YES: ____ NO: ____

IF YES: GHIN # _____

PREVIOUS CLUB NAME: _____

CITY/STATE: _____

METHOD OF PAYMENT: CREDIT CARD: ____ CHECK: ____ CLUB CHARGE: ____

CARD # _____ EXP DATE: ____ / ____ / ____ CV # _____ (Only if card is not presented)

THE CGM MEN'S CLUB CONDUCTS THE MANAGEMENT OF THE OGA HANDICAPS FOR CGM GOLF MEMBERS WHO HAVE APPLIED FOR AND BEEN ACCEPTED BY THE CGM MEN'S CLUB, AS WELL AS PROVIDING FOR THE MANAGEMENT OF MEN'S CLUB TOURNAMENTS AND OTHER OGA EVENTS. IT IS UNDERSTOOD THAT THE ANNUAL MEN'S CLUB DUES PROVIDES THE UNDERSIGNED WITH AN OGA HANDICAP FOR THE PERIOD BEGINNING 1/1/2024 OR UPON THE DATE OF ACCEPTANCE OF THIS APPLICATION AND ENDING AT THE END OF THE OGA HANDICAP YEAR WHICH IS 12/31/2024. FURTHER, IT IS UNDERSTOOD THAT THE ANNUAL DUES ENTITLES THE UNDERSIGNED, WITH EXCEPTION OF JUNIORS AND SUPER SENIOR MEMBERS, TO PARTICIPATE IN MEN'S CLUB ACTIVITIES AND TOURNAMENTS, PROVIDING THAT AN OFFICIAL HANDICAP HAS BEEN ESTABLISHED. A PORTION OF THE APPLICATION FEES IS RETURNED TO THE MEMBERS THROUGH ADDED MONEY TOURNAMENT EVENTS IN THE FORM OF ADDITIONAL PURSE FUNDS, AND/OR PROVISION OF FOOD AND BEVERAGES, AS DETERMINED BY THE CGM MEN'S CLUB TOURNAMENT COMMITTEE. THE UNDERSIGNED HEREBY AGREES TO ACCEPT THE RULES, REGULATION, AND BY-LAWS OF THE CGM MEN'S CLUB, A NOT-FOR-PROFIT ORGANIZATION. ANY QUESTION AS TO THE RULES AND REGULATIONS MAY BE BROUGHT BEFORE THE MEN'S CLUB BOARD OF DIRECTORS FOR CLARIFICATION OR RULING. ALL DECISIONS BY THE CGM MEN'S CLUB BOARD ARE FINAL.

SIGNATURE: _____ DATE: ____ / ____ / ____

PLEASE BE SURE THAT THE FORM IS COMPLETELY FILLED OUT SO WE CAN MAKE SURE OUR RECORDS ARE UP TO DATE