

University of Minnesota Men's Golf Club 2009 Membership Application

NAME _____
LAST
FIRST
M.I.

PHONE _____ / _____ / _____
HOME
WORK
CELL
 Please check here if you **WOULD NOT** like your telephone number included on the club website () HOME () WORK () CELL

CAMPUS ADDRESS _____ () Please send mail to Campus Address
 (If applicable) DEPARTMENT ROOM/OFFICE BLDG

HOME ADDRESS _____
STREET
CITY
STATE
ZIP (9 digit if known)

EMAIL ADDRESS _____
 () Please check here if you **WOULD NOT** like your Email included on the club website.

If you are a current member of another golf club (**other than the University**) - Please list your GHIN number. _____
 (Please Note: We are charged a handicap fee for all members, regardless if you have multiple club memberships)

New members who have a previous GHIN # from another club please list your former GHIN # and Club Number below.

GHIN NUMBER _____ - _____ CLUB NUMBER _____ - _____ (Next to GHIN # on handicap card)

PLEASE CHECK THE CATEGORY THAT APPLIES TO YOU

- _____ **STUDENT MEMBERSHIP** New or Renewal: **\$40** (Please attach a photocopy of your U of MN student ID)
- _____ **STAFF / FACULTY MEMBERSHIP** Renewal: **\$55** / New Member: **\$70 (\$55 + \$15 New membership fee)**
- _____ **ALUMNI ASSOCIATION MEMBERSHIP** Renewal: **\$65** / New Member: **\$80 (\$65 + \$15 New membership fee)**

With the 2009 member limit at 425, all renewals post-marked by **APRIL 1** will be given first consideration. All applications post-marked after **APRIL 1** will be dealt with in accordance with club mandates on membership.

With this membership application you **MUST SUPPLY PROOF OF BEING A CURRENT** student, staff/faculty, or member of the Alumni Association (Pending membership is not acceptable). Please **photocopy** your fee statement, ID card, membership card, etc. and attach it to this form (failure to do this will result in membership being denied and returned). To avoid delays in processing, you must comply with the above requirement.

By submitting this application, I hereby state that the above information is correct and have attached proof of being student, staff/faculty or Alumni Association member. Enclosed is a **CHECK** payable to the **U of M Men's Golf Club**. **Also, by submitting this application, I acknowledge that I have read and agree to abide by the Pace of Play Policy.**

SIGNATURE _____ **DATE**

Congratulations on joining the best golf club in the state! Scott Stanley, Membership Chair.

Return this form with **CHECK AND PROOF OF STATUS** to:
U of M Men's Golf Club, c/o Membership Committee, 2275 W Larpenteur Ave., St. Paul, MN 55113-5342.
 If you have questions, please call Scott Stanley at: (612) 627-4004

FOR OFFICE USE ONLY

Date Received _____ *Check Number* _____ *Amount* _____
Photocopy of Status _____ *Accepted* _____ *Denied* _____
Comment: _____

