



# **West Sayville Men's Golf Club**

**P.O. Box 146  
West Sayville N.Y. 11796**

## **Application for New Membership Year 2014**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Town:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**MGA Handicap:** \_\_\_\_\_ **GHIN #** \_\_\_\_\_

**Green Key #** \_\_\_\_\_

**Card Exp. Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name of Sponsoring Club Member:** \_\_\_\_\_

**New Membership Fee: \$ 275.00**

(\$250.00 annual dues + \$25.00 one-time initiation fee).

**All membership fees are non-refundable upon acceptance into membership.  
Checks will be returned to new applicants that cannot be accommodated.**

**Please return this application to the West Sayville Men's Golf Club  
PO. Box 146 - West Sayville NY 11796**