



**2010 Returning Member Application**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Own/Rent? \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

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

Employer: \_\_\_\_\_

Additional Name (at same address): \_\_\_\_\_

Employer: \_\_\_\_\_

**USGA /GHIN Number:**

To transfer your handicap index (if applicable): \_\_\_\_\_

**Category Selection (please circle 1 per row):**

|                        |                           |                              |
|------------------------|---------------------------|------------------------------|
| <b>Resident</b>        | <b>Non Resident</b>       |                              |
| <b>Single</b>          | <b>Family</b>             |                              |
| <b>Full Membership</b> | <b>Weekday Membership</b> | <b>After 2 PM Membership</b> |

**Payment Plans: (Check One)**

*Option 1: Full payment* \_\_\_\_\_

*Option 2: Five Equal Installments, January through May* \_\_\_\_\_

(1<sup>st</sup> payment will bring you to the current billing month ex: join March, pay 3 installments)

**Agreement/Signature**

I/We, if accepted for membership in the Farmington Woods Golf Club, agree to abide by all rules of the Farmington Woods Golf Club and the Farmington Woods Master Association. I/We agree to notify FWGC promptly of any change affecting my/our eligibility for resident or family membership rates. Furthermore, I/We understand that resignation for any reason after acceptance shall not become effective until all indebtedness, including penalties and interest, have been paid. In the event that legal action is required to collect amounts due to the Farmington Woods Golf Club or the Farmington Woods Master Association under this agreement I/We agree to pay all reasonable legal fees and court costs resulting from this collection.

Signature (s): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (s): \_\_\_\_\_ Date: \_\_\_\_\_

**Mail To:** Membership Chair - Farmington Woods Golf Club - P.O. Box 279, Unionville, CT 06085

**or**

**Hand in To:** Farmington Woods Golf Shop (Attn: Sarah, Golf Club Office Manager)

**Proof of date of birth (photocopy of license, etc.) should accompany the application.**

For Office Use Only

Date Reviewed: \_\_\_\_\_

Status: \_\_\_\_\_