

MEMBERSHIP APPLICATION



Name: _____ Date: _____ DOB: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Email: _____ Occupation: _____

If this is a Family Membership, please provide name, e-mail, and phone number of co-member:

Name/Email/Phone: _____

Do you wish to maintain a USGA Handicap? **Y N** If yes, what was your previous GHIN number? _____
If unknown, one will be created for you and emailed to you.

Family memberships allow two persons to maintain a USGA Handicap. Would you like a 2nd person to be assigned a USGA Handicap number? **Y N** If yes, what was your previous GHIN number? _____
If unknown, one will be created for you and emailed to you.

Sponsor: _____

How did you hear about us? _____

Membership Options Include:

Rates for Individuals and Families * Maturity Discounts
Young Adult Discounts Ages 21 - 35 * Junior Discounts up to age 20

*Some fees may apply.
Monthly restaurant minimum also applies.
Membership rates subject to 10% CT state tax.*

For more information contact:
Joseph Samolis, General Manager (860) 673-6193 ext. 23
jsamolis@farmingtonwoods.com
You may also visit our website: www.farmingtonwoods.com

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RESTRICTIONS:

Members who fail to complete requirements under any introductory program will not be permitted to rejoin the club for a period of five years and will not be eligible for any rate reductions from our regular dues structure.

PAYMENT:

A completed application must be accompanied by a check for appropriate payment to activate said membership. Please make checks payable to: **Farmington Woods Master Association (FWMA)**.

PAYMENT PLANS: (Check One)

Option 1: Full Payment

Option 2: Five Equal Installments, January through May

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

APPROVAL AND WAITING LIST PROVISIONS:

Each application is reviewed for membership following receipt of a complete application and applicable payment. New membership is subject to the total number of Farmington Woods Golf Club (FWGC) memberships available.

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:

Joseph Samolis, General Manager – Farmington Woods Golf Club, 200 Byron Drive, Avon, CT 06001
Please enclose proof of date of birth (photo copy of license, etc.) and payment.