



# TASHUA KNOLLS GOLF CLUB 2012 MEMBERSHIP APPLICATION



- Please **print** all information. Do not use first name initials or nicknames.
- Include Jr, Sr, or other designations where applicable.
- **All information requested must be completed to process this application.**

## • PLEASE PAY BY CHECK •

**Application and check may be mailed to:  
TKGC Membership, 93 Skyview Drive, Trumbull, CT 06611  
(make check payable to TASHUA KNOLLS GOLF CLUB)**

<b>NAME:</b>	
FIRST _____	M.I. _____ LAST _____
<b>HOME ADDRESS:</b>	
STREET _____	
TOWN _____	STATE _____ ZIP _____
HOME TELEPHONE NUMBER: ( _____ ) _____	DATE OF BIRTH: _____
EMAIL ADDRESS: _____	

<b>MEMBERSHIP STATUS (CHECK ONLY ONE):</b>
<input type="checkbox"/> RENEWAL - WAS A MEMBER LAST YEAR
<input type="checkbox"/> NEW - WAS NOT A MEMBER LAST YEAR
<b>MEMBERSHIP FEE PAID* (CHECK ONLY ONE):</b>
<input type="checkbox"/> \$ 70.00 - REGULAR MEMBERSHIP
<input type="checkbox"/> \$ 20.00 - JUNIOR MEMBERSHIP - (LESS THAN 18 YEARS OLD AT DATE OF APPLICATION)
* MEMBERSHIP INCLUDES UNITED STATES GOLF ASSOCIATION (U.S.G.A.) HANDICAP

<p><b>IF YOU ARE NOW OR HAVE RECENTLY BEEN A MEMBER OF ANOTHER GOLF CLUB OTHER THAN TASHUA KNOLLS GOLF CLUB, PLEASE PROVIDE THE FOLLOWING INFORMATION SO WE CAN CARRY YOUR HANDICAP INFORMATION FORWARD TO THIS YEAR AT TASHUA:</b></p> <p>CLUB NAME _____ GHIN NUMBER _____</p>
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If you have any questions regarding applying to the **TASHUA KNOLLS GOLF CLUB**, you may call **203-378-2771**. Identify you have questions, and leave your name and phone number where you can be reached. We will get back to you if we are not available when you call.

**YOUR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

PLEASE DO NOT WRITE BELOW

RECD \_\_\_\_\_ \$ \_\_\_\_\_ MC \_\_\_\_\_ # \_\_\_\_\_