## Mile High Men's Golf Club 2016 MEMBERSHIP APPLICATION

Date _					
Candi	date's Name _				
	Street				_ Apt
	City		Si	tate	Zip
	Hm. Tel #	<del>-</del>	Wk. Tel # _		
	Cell #				
	E-Mail Addr	ess			
	Birth Date (J	uniors Only)			
Arizo	na Golf Associ	ation Member Numb	er #		
	Local #				
check application and its mail in the second of the second	made payable ration and dues to the member Brown W Dream Weatott, AZ 86305	to MHMGC for the a to any director or pla rship chairman: ver Ln	amount according to the application in the application in the application in the following the following the according to the application in the following the according to the application in the according to the application in the according to	ne schedule the club's d	
<ol> <li>2.</li> <li>3.</li> </ol>	For full year \$105.00. For the remains tate is \$130. For a partial \$185.00 and	and you pay any time nder of the year and year and you pay any this membership will f the following year.	e between October 15 you pay any time betw time between July 1 a be for the remainder of	ween Nove	mber 1 and July 1 the er 31 the rate is
Board	of Directors A	action Date			
Quali	fied	Disqualified	Notified		
The M	1embership Ch	airman will specify b	y initialing.		