CRANBERRY VALLEY
MEN'S GOLF ASSOCIATION
APPLICATION FOR MEMBERSHIP

Membership: May 1 to April 30

PLEASE PRINT ALL INFORMATION LEGIBLY.

MEMBERSHIP YEAR_____

Please check here if you are a *NEW member*_____

PRINT NAME:_____
Last First Middle Initial

Mailing Address:
STREET OR P.O. BOX_____

CITY_____ STATE_____ ZIP_____

Cell Phone: _____ (needed to contact you about tee times)

Cranberry Valley Golf Course ID#_____ GHIN# _____

E-MAIL ADDRESS:
(The one you use for the Chelsea system) _____

	Amount
MEMBERSHIP DUES	$30.00
SCHOLARSHIP FUND CONTRIBUTION	$--------
TOTAL	$ --------

New members must email cranberrysweeps@gmail.com to be added to the Sweeps database.

Please mail application with check payable to CVMGA to:
CVMGA
PO BOX 975
HARWICH, MA 02645.

PLEASE ALLOW TWO WEEKS FOR PROCESSING.

This application enrolls you in the CVMGA only. GHIN and Cranberry fees are Not Included.

IF YOU CAN, PLEASE CONTRIBUTE TO THE SCHOLARSHIP FUND. WE AWARD ON AVG (4) $1,000 SCHOLARSHIPS TO DESERVING LOCAL STUDENTS.