

**2017 Membership Application Form**

**Membership Fee $50.00**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_**

**Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**You must be a paid-up member of the I.C.M. before you can join the ICMGS**

**I.C.M. Membership Number \_\_\_\_\_\_\_**

**NEW MEMBERS: Are you/were you a member of a golf club or golf society**

**Yes \_\_\_\_ No \_\_\_\_**

**If yes, please provide your latest handicap \_\_\_\_\_\_**

**Sponsors:**

**Full sponsorship $500 .. Half-sponsorship $250 .. Group Sponsorship**

**Are you willing to sponsor a tournament? Yes \_\_\_\_ No \_\_\_\_**