



2024 Membership Application Form

Membership Fee \$60.00

Name: _____

Address: _____

City: _____

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 _____

Tournament Sponsors:

Full sponsorship \$500

Half-sponsorship \$250

Group sponsorship

Are you willing to sponsor a tournament? Yes _____ No _____