



2020 Membership Application Form

Membership Fee \$50.00

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone Number _____

E-Mail 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 \$400 Half-sponsorship \$200 Group Sponsorship

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