



**Cottonwood Men's Golf Club**

3121 Willow Glen Road  
El Cajon, CA 92020  
(619) 442-9891  
www.cottonwoodgolf.com

**Application for Membership**

To the Board of Governors:

I hereby apply for membership in the Cottonwood Men's Golf Club with the understanding that this application is subject to the approval or disapproval by the Board of Governors.

I am aware of and understand the following:

1. Officers and management of the Cottonwood Golf Course are not connected with and are not responsible for the determination of this application.
2. I agree to respect and adhere to all provisions of the bylaws and Standing Rules of the Men's Club.
3. My purposes for joining the club are to attend meetings, participate in tournaments, promote good fellowship, sportsmanship, and golf etiquette.
4. I agree to pay a one time registration fee of fifty (\$50) dollars and annual dues of one hundred twenty (\$120) dollars. The annual dues will cover the calendar year and are due and payable on October 1<sup>st</sup> of the preceding year.

NOTE: A member will be delinquent after November 1<sup>st</sup> of the preceding year and will be required to pay a registration fee for reinstatement. When joining midyear the dues will be prorated downward ten (\$10) dollars per month beginning January 1<sup>st</sup>.

**THE FOLLOWING MEMBERS RECOMMEND MY MEMBERSHIP INTO THE COTTONWOOD MEN'S GOLF CLUB:**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**YOUR NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**HOME PHONE:** (\_\_\_\_) \_\_\_\_\_ **WORK PHONE:** (\_\_\_\_) \_\_\_\_\_

**CURRENT S.C.G.A. NUMBER:** \_\_\_\_\_ **HANDICAP/INDEX:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

TOTAL FEES COLLECTED: \$ _____	BY: _____
ACTION BY BOARD OF GOVERNORS:	ACCEPTED _____ REJECTED _____
	DATE: _____