



2024 MEMBERSHIP APPLICATION

- Applicant for Full Membership (\$85) Referral Incentive Program* (\$130) Handicap Only (\$45)
 Donation to RGCIF (optional)

Junior Handicap Service (no charge) Date of Birth ____/____/____ (must be under 19 as of 1/1/24)
Month Day Year

Name _____

Address _____

Town _____ State _____ Zip _____

Phone _____ Email _____ @ _____

- Check here if this is a new mailing address Check here if this is a new telephone number
 Check here if this is a new e-mail address

Referring Member / New Member Referred _____

**each applicant will need to provide a separate application and must include the referring member's name or new member's name as applicable*

Membership Status (check one)

- Current Member Renewing**
 New Applicant Do you have a GHIN # from another club? NO YES - Fill in GHIN # _____

Remit Check to:

RGC, PO Box 24, Ridgefield, CT 06877