



WINTHROP GOLF CLUB

APPLICATION FOR MEMBERSHIP

www.winthropgolfclub.com

453 Main Street
Winthrop MA 02152
Pro Shop: 617.539.0482
1917 Clubhouse: 617.846.9775
eMail: info@winthropgolfclub.com

I hereby apply for membership in the Winthrop Golf Club (WGC) and submit the following information:

Name: _____ *Date of Birth: _____

Address (home): _____

Street

City

Zip

Phone

Occupation: _____ *Email Address: _____

*Email Address: _____

(* Required fields. Family memberships require a separate email address for each playing member.)

GOLF INFORMATION:

1. How long have you been playing golf? _____

2. Are you now or have you ever been a member of a Golf Club (including WGC)? _____

If YES, please provide the following information:

Name of Club	City, State	Years of Membership
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3. If you have USGA Handicap number, please provide here: _____

4. If you have a current handicap, please provide here: _____

If NO, please provide your average 18 hole score for the last year: _____

5. Are you familiar with the rules of golf and golf etiquette? _____ Yes _____ No:

TYPE OF MEMBERSHIP DESIRED:

_____ FAMILY _____ YEARLY _____ JUNIOR _____ SOCIAL

* Family Membership applicants include 2 adults and 1 child. Please complete the following:

Name of Spouse: _____

Names of Children age 21 and under who are students and are living at home:

Name: _____ Date of Birth: _____ Name of School: _____

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SPONSOR NAME: _____

DATE: _____

APPLICANT SIGNATURE: _____

DATE: _____

PARENT SIGNATURE (if Junior): _____

DATE: _____

Please print parent name: _____