



Cape Cod Women's Golf League Membership Application

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Club Membership: _____

USGA Handicap Index: _____ USGA GHIN#: _____

Please note the following membership requirements:

- Applicant must be a full member of a standard, full length regulation Cape Cod Golf Club (over 3,000 yards).
- USGA Handicap Index Must be 25.4 or less at time of application, based on a minimum of ten 18-hole scores.
- USGA Handicap Index of 25.4 or less must be maintained.
- Required to play a minimum of seven (7) times each year (Spring and/or Fall).
- Applications will be held until the fall Board Meeting, when they will be reviewed by the Board of Directors.

Mail to: Judy Stone – P.O. Box 2191, Teaticket, MA 02536
Or Email: stanstone19@aol.com