

2024 Membership Application

Name _____

Address _____

City, State & Zip _____

Mobile Phone _____

E-Mail _____

GHIN ID (WHS)# _____

Birthdate _____

Tee Box to be Played _____
(Gold/Blue/Aldeen/White)

Fees: \$50.00

Notes:

Please enclose the completed application and check with your remittance to:
Aldeen Men's Golf Association
1900 Reid Farm Road
Rockford, IL 61107

Once we receive your application and check, one of our Board Members will contact you and provide you with information on events, registrations and other information.

Members will follow AMGA By-Laws, CDGA Posting Requirements and USGA Rules. These are viewable on the AMGA website at www.amgagolf.com

Every member will need to enroll in the CDGA Handicap Program. This may be done through the CDGA.org website. There is a small fee for using their Handicap System.

If you have any questions, contact Dave Kloepfer at amgadave@gmail.com or call 847-867-4401.

Signed _____

Date _____

