

McAdams Golf Club

Wichita Kansas

Membership Application Form

NAME _____ NICKNAME _____
 LAST FIRST M

HOME ADDRESS _____ PHONE/H/C/ _____

CITY/STATE _____ ZIP CODE _____

CAN YOU ATTEND MONTHLY MEETINGS Y/N NUMBER OF YEARS PLAYING GOLF _____

BEGINNER _____ HANDICAP _____

A 501c (3) TAX EXEMPT NON PROFIT ORGANIZATION

\$125.00 YEARLY DUES FOR ALL MEMBERS TO BE PAID BY MAY 31. THIS ALLOWS YOU TO PLAY IN OUR ANNUAL TOURNAMENT. IF YOU CAN NOT PAY THE DUES ALL AT ONCE YOU CAN MAKE PAYMENTS AS LONG AS IT'S PAID BY MAY31. **IF NOT PAID BY MAY31 IT WILL COST YOU TOURNAMENT FEE OF \$180.00 TO PLAY IN THE TOURNAMENT.** MAKE A CHECK OUT TO McAdams Golf Club TO P.O.BOX 8355 WICHITA,KS 67208

SIGNATURE _____ DATE _____