

PORTLAND MEN'S CLUB

APPLICATION FOR MEMBERSHIP:

NAME: _____

ADDRESS: _____

TOWN: _____ ZIP: _____

PHONE: _____

GHIN #: _____ HANDICAP _____

E-MAIL ADDRESS: _____

Membership fee is \$195.

Please make checks payable to: **PGC Men's Club**

Return to: **Gary Simoneau**
15 Grove Road
Cromwell, CT 06416