

**Derryfield Country Club
2018 Men's Association**

Date _____ / _____ **2018**

Name _____

Address _____

City _____

State _____ Zip Code _____

Phone _____

Email _____

- Derryfield Country Club Member Association Fee** \$ **35.00**
- Non Member Association Fee** \$ **40.00**
- Junior Member** **Date of Birth** _____ / _____ / _____ \$ **0.00**
Must Be Under 18 Years of Age

Please use your pro shop credit by 12/31/18

- _____
- _____

Any remaining balance will be reduced by 30% **Total** _____

Signature _____ **Date** _____ / _____ **2018**

Transfer from another club

GHIN Number: _____

Club Number: _____

Office Use

Date Entered Into GHIN Computer: _____ / _____ **/2018**

Received By: _____ **Entered By:** _____

Please use your pro shop credit by 12/31/18

Any remaining balance will be reduced by 30%