

2025 Eagle Point Men's Golf Club Application

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Time Phone Number: _____ ALT Phone Number: _____

Email: _____

This is the primary communication medium, please provide an accurate email address in legible form

Current GHIN# (If Applicable): _____

I am a regular player at the EPGC and I qualify as a USGA/OGA Amateur (INIT.) _____

Please Select from the Following:

Sign me up for the EPMGC so I can participate in the club tournament and benefits and provide my 2025OGA/GHIN handicap (\$65.00)

Sign me up as an associate member (\$30.00) I get my GHIN at _____

Sign me up for OGA/GHIN only (\$50.00)

Sign me up as a junior for OGA/GHIN handicap only. My DOB is: _____

I want to support the Eagle Point Junior Golf Program

I want to contribute (Circle One): \$100 \$50 \$25 \$10 Other: _____

Please make checks payable to EPMGC

Drop application and payment (**CASH OR CHECK ONLY**) at the EP Golf Shop

For Tournament schedules and other information visit www.epmgc.com

Do not write in this box. For Administration only

Date: _____

Junior Program Donation: \$ _____

Cash Amount: \$ _____

Check Amount: \$ _____

HDCCP Chair _____

Treas. _____

Sec. _____

Tour. Chair _____