

**MID-CAPE MEN'S CLUB
APPLICATION FOR MEMBERSHIP**

APPLICANT'S NAME: _____

APPLICANTS NICK NAME (if you use one) _____

ADDRESS: Street _____

ADDRESS: Town and ZIP _____

DATE OF BIRTH: _____ **PHONE** _____ **CELL** _____

E-MAIL ADDRESS _____

OCCUPATION OR IF RETIRED, FORMER OCCUPATION: _____

OTHER CLUB AFFILIATIONS ON CAPE COD: _____

AVOCATIONAL INTERESTS: _____

DO YOU WANT TO BE INCLUDED ON GOLF LIST? _____ **GHIN Number** _____

THE CONSTITUTION AND BY LAWS OF THE CLUB SPECIFY THAT A MEMBER SHALL BE A RESIDENT OF CAPE COD, SHALL PAY ANNUAL DUES, AND IS EXPECTED TO ATTEND AS MANY CLUB MEETINGS AS POSSIBLE. PROSPECTIVE MEMBERS SHALL ATTEND A MEETING AS A GUEST BEFORE HIS MEMBERSHIP APPLICATION CAN BE PROCESSED AND MUST BE PRESENT AT A MEETING FOR HIS APPLICATION TO BE APPROVED. I HEREBY CERTIFY THAT I AM A RESIDENT OF CAPE COD AND AGREE TO THE MCMC MEMBERSHIP REQUIREMENTS.

SIGNATURE: _____ **DATE:** _____

NOTE: DRESS CODE FOR ALL MID-CAPE MEETINGS IS A SUIT OR SPORT COAT (necktie optional)

SPONSOR

SPONSOR'S NAME (PRINTED) _____ **DATE** _____

SPONSOR'S SIGNATURE _____

HOW LONG HAVE YOU KNOWN APPLICANT _____

COMMENTS _____

Submit application with check for the current year dues of \$35 to Mid-Cape Men's Club

Submit through your sponsor or give or mail the application to the Membership Chairman:

Vince Fiorda
29 Lakeway Lane
Harwich, MA 02645
Membership Chairman

Date received by MCMC _____
Date approved by Exec Comm _____
Date approved by Membership _____

If you have any questions address them to your sponsor or e-mail the MCMC at memensclub@gmail.com.