

Associate Member

2025 Season Handicap Application

Please complete the information below – Print legibly

*Date:		
*Name: (Last Name)		(First Name)
*Address:		
*City:	State:	* Z ip:
*Cell Phone:	Secon	dary Phone:
*E-Mail Address:		
*Date of Birth:		* Sex: Male () Female ()
*GHIN # (If Applicable):		
Please make checks payable	e to: <i>THE MEN'S</i>	CLUB AT FOOTHILLS
\bigcirc Enclosed is my \$53.00	for a Colorado	Golf Association Handicap.
Enclosed is my \$30.00 time of application)) for a Junior Ha	andicap (must be 17 years or younger at
Send Payment and form to:	Dan Bradley (T 11420 W. 27 th P Lakewood, CO	lace

(* Required information)

(If you are an employee of the Foothills Park and Recreation District the fee is \$43.00, please note on the application which department you work in.)

All payments sent must include this completed membership form. Questions - call Dan Bradley at 303-232-4562