



New Haven Golf Club

P.O. Box 120036
East Haven, CT 06512

2021 Membership Application

(New Members only)

Name: _____

Address: _____

Town: _____ Zip Code: _____

Contact phone number: _____

Email address(required) _____

Are you presently a member at any other golf course or country club Y () N ()

If yes, **GHIN Number:** _____

Give the names of two sponsors, present members in good standing with the New Haven Golf Club, Inc. (preferred, not required).

1. _____ 2. _____

Signature of Applicant: _____

Association dues: (Dues must accompany application)

\$90 for 2021. See a Board members for other membership options. e.g. junior.

Make(mail) check payable to: Or, see a Board member or the Alling Memorial Pro with payment.

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