



# New Haven Golf Club

P.O. Box 120036  
East Haven, CT 06512

## 2024 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)

**\$85 for 2024. See a Board members for other membership options. e.g. junior.**

**Make(mail) check payable to: Or, see a Board member with payment. Checks only can be left in Pro Shop. Venmo accepted, contact us (web site) for address.**

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@ P.O. Box 120036  
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