

Mile Hi Golf Club

PO Box 200452
Denver CO 80220
milehigolfclub@gmail.com
www.milehigolfclub.org



MEMBERSHIP APPLICATION

MEMBERSHIP CLASSIFICATIONS PER CALENDAR YEAR (check one) – Please complete one application per person

☐ \$130 – Individual, (Incl: MHGC/WSGA & CGA/CWGA GHIN #'s)

OR

☐ \$ 95 – Individual, (Incl: MHGC/WSGA) and **MUST have an Active GHIN # with a CGA Men's or CWGA Women's Club**

(Please Print or Type)

Referred By: _____

Name (last, first): _____

Address: _____

City: _____

State: _____

Zip + 4: _____

Telephone (home) _____

(work) _____

(Cell) _____

E-mail Address: _____

Birthday (month/day only) _____

Gender (M or F) _____

Renewal: _____

New: _____

GHIN #: _____

CGA/CWGA Club: _____

EMERGENCY CONTACT (s):

Contact _____

(home) _____

(Cell) _____

Contact _____

(home) _____

(Cell) _____

MHGC JUNIOR GOLFERS (under Age 19)

Name _____

BD _____

Gender _____

Name _____

BD _____

Gender _____

Name _____

BD _____

Gender _____

PLEASE SELECT COMMITTEE(S) AND/OR BOARD ON WHICH YOU WISH TO SERVE:

☐ Office/Board

☐ Handicap Chair

☐ Jr. Golf Director (Jr Golf & Scholarship)

☐ Club Tournament Chair

☐ Rules/Parliamentarian/Sgt At Arms

☐ Sponsorship Chair

☐ Annual Tournament Chair

☐ Membership Chair

☐ Telephone committee

☐ Good/Welfare Chair.

☐ By-Laws

RELEASE OF LIABILITY: I understand that it is my and my family members' responsibility, when participating in any club event or activity, to do so in a manner, which will not pose a threat to the safety of me and/or family or others. In the event of injury to myself or my family, I hereby release the Mile Hi Golf Club for any liability whatsoever. _____ (Initial)

INDEMNIFICATION: I understand that if I or any member of my family participating in any Mile Hi Golf Club event causes injury, loss, or damages to others, I will indemnify Mile Hi Golf and hold it harmless for any judgment holding it liable, plus reasonable and necessary cost and attorney fees to defend against any action resulting from any injuries, losses, or damages caused by me or my family members. _____ (Initial)

FINANCIAL LIABILITY: I understand that as a participant in any club event or activity in which requires payment, the rules of paying for and playing in all tournaments: IF YOU COMMIT TO PLAY -YOU MUST PAY! I understand that I am obligated to pay for any cost or golf fees incurred by Mile Hi Golf Club in reliance on my commitment to play in or attend any Mile Hi Golf Club event. It is further understood that if I commit on behalf of my family members or others, I am responsible for reimbursing Mile Hi Golf Club for any cost or golf fees incurred in reliance on my commitment. If I do not pay before or at the time of the event, I understand that Mile Hi Golf Club will send me an invoice and that I will pay the invoiced amount within seven days of receipt. I further understand that failure to pay timely may result in suspension of membership until payment is made. _____ (Initial)

APPLICANT'S SIGNATURE: _____

DATE: _____

Check#		Check Amt \$		Trea:		Date Rec'd	
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