

2024 ICMGA Membership & Renewal Form

Full Name: _____
(please print) (first) (last)

If you're a new member with an existing handicap already established please reference your assigned Golf Handicap Index Number:

GHIN #: _____

Email: _____
(please print clearly)

Annual Club Dues

\$100 that includes OGA Handicap fees (\$40), membership to play in Tuesday events and all ICMGA events, food and beverage post tournaments, and end of year appreciation dinner.

\$25 Hole-in-one insurance covers: March 1st 2024 - February 28, 2025

Select Appropriate Box

\$125 – dues & HIO - Club Representative Intials: _____

or

\$100 – dues only: Club Representative Intials: _____

NOTE: Please make all checks payable to ICMGA. We will be activating your handicap within one week of receiving your payment.

Signed: _____

Date: ___ / ___ / ___