

**MID-CAPE MEN'S CLUB
APPLICATION FOR MEMBERSHIP**

APPLICANT'S FULL NAME (Print) _____

APPLICANT'S PREFERRED NAME (if you use one) _____

ADDRESS Street _____

ADDRESS Town and ZIP _____

CELL PHONE _____

E-MAIL ADDRESS _____

SIGNATURE _____ **DATE** _____

NOTE: DRESS CODE FOR ALL MID-CAPE MEETINGS IS COUNTRY CLUB GOLF ATTIRE

NEW APPLICANTS ONLY

SPONSOR'S FULL NAME (Print) _____

**SPONSOR'S
SIGNATURE** _____ **DATE** _____

NEW APPLICANT'S GHIN # _____

2026 DUES

\$35.00

Donation for local youth charities (optional) \$ _____

Total (Payable to Mid Cape Men's Club) \$ _____

Mid Cape Men's Club
P.O. Box 835
Harwich Port, MA 02646

Date received by MCMC _____
Date approved by Exec Comm _____
Date approved by Membership _____

If you have any questions address them to your Sponsor or e-mail the MCMC at
mcmensclub@gmail.com.