MID-CAPE MEN'S CLUB
NEW MEMBER OR MEMBER RENEWAL APPLICATION

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 MEMBER APPLICANTS ONLY

SPONSOR'S FULL NAME (Print)_____

SPONSOR'S SIGNATURE_____**DATE**_____

NEW APPLICANT'S GHIN #_____

2027 DUES	**$40.00**
Donation for local youth charities (optional)	**$_____**
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.