

BACKROOM MEMBERSHIP FORM 2022

NAME: _____

ADDRESS _____

TOWN: _____

PHONE: _____

E-MAIL: _____

GHIN NUMBER: _____ Only if transferring from another club

FEE: \$50.00 Make checks payable to the Hoodkroft CC

**Mail with application to: Hoodkroft Country Club
Box 266
Derry, NH 03038**

REQUIREMENT: You must play a minimum of 6 rounds per season at the Hoodkroft.