



GOWANIE GOLF CLUB MEMBERSHIP QUESTIONNAIRE:

Name: _____ Date: _____

Address: _____

City, State, Zip: _____

Phone: _____ email: _____

How did you hear about Gowanie? _____

Have you ever been a private club member before? Yes ___ No ___ If yes, which club(s) and dates of membership? _____

What type of golf events did you participate in at previous clubs? _____

How often did you participate in previous clubs' social events? _____

Were you a frequent diner at the club? _____

Did you maintain good standing with previous clubs? _____

Do you know anyone who is a past or present member of Gowanie? Yes _____ No _____

Please list their name(s) _____



GOWANIE GOLF CLUB MEMBERSHIP QUESTIONNAIRE:

Have you ever been to Gowanie as a guest of a member or participated in a club event at Gowanie?

Yes _____ No _____ Please describe: _____

Do you have an established handicap? Yes _____ No _____ If yes, are you a current or prior Golf Association of Michigan member? Yes _____ No _____

How many rounds do you play throughout the Michigan season? _____

Do you participate in any leagues? Yes _____ No _____ If so, how many and where?

Have you played any tournament golf, at prior clubs or at public venues? Yes _____ No _____

If so, please describe: _____

Is your interest as a single or family membership? If family membership is preferred, who in your family golfs, please include any children if under age 26 by their ages.

Briefly state why you wish to become a Gowanie Golf Club member: _____

Please complete and return to: GOWANIE GOLF CLUB P O Box 337 Mt Clemens, MI 48046

or email to: kbabbish@gowaniegolfclub.com