



MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

E-MAIL: _____ CELL # _____

HOME PHONE: _____

WORK PHONE: _____

How often do you play? _____

How did you find out about Tiretown? _____

Would you be interested in committee work? _____

Membership Fees (yearly) Circle one: (Check made out to Tiretown Golf Club)

- \$50.00 – New Members – for the first year
- \$100.00 – Current Members under 70 years of age
- \$50.00 – Current Members 70 - 74 years of age
- \$50.00 – Associate Membership
- \$50.00 – New Members 75 and older who have not been a member for 2 years
- Exempt – Current Members 75 years of age and older

Send Application and Membership Fees to: Tiretown Golf Club
P.O. Box 562
Akron, OH 44309

Visit our website at www.tiretowngolfclub.net

Applicant's signature: _____ Date _____

Thank You