



2026 TIRETOWN GOLF CLUB APPLICATION

NAME OF APPLICANT _____

ADDRESS _____

E-MAIL _____

HOME PHONE _____ CELL _____

DATE OF BIRTH _____

HANDICAP (ESTIMATE) _____

SHIRT SIZE _____

PREFERRED COMMITTEE ASSIGNMENT(S)

Fund Development/Membership/JuniorGolf/Social/Tournament/Scholarship/Volunteer/Rules

*Send Application to Tiretown Golf Club, P.O. Box 562, Akron Ohio 44309

Membership fee: \$125 (69-under), \$75 (70-74), \$50 (75-over), \$50 (associate member)

*Visit our websites at tiretowngolfclub.net and tgcharities.org

APPLICANT'S SIGNATURE _____