## **APPLICATION FOR MEMBERSHIP**

NAME OF INSTITUTION	
ADDRESS	
TELEPHONE	FAX
CONFERENCE AFFILIATIONS: (list all)	
	next annual meeting of the New England Intercollegiate Golf Association.  New England fall championship prior to the tournament.
director in writing, and said application w the majority of members voting, the institu- to compete in the following tournament.	University desiring membership must apply to the association's executive vill be considered and voted upon at the annual meeting. If approved by ution becomes a member, entitled to all privileges, and would be eligible ournament participation, the member institution must maintain a status of
THE APPLICANT STATES: I have read the constitution of the new Eng	gland Intercollegiate Golf Association and will comply with its by-laws.
Signed:	
Director of Athletics	Golf Coach
(Name typed or printed)	(Name typed or printed)
Date	Date

Michael Serijan, Executive Director New England Intercollegiate Golf Association 5 John Joseph Road, Harwich, MA 02645

Please address communications to:

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