



THE
TILLINGHAST
ASSOCIATION

Membership Application

Full Name: _____

Primary e-mail Address: _____

Secondary e-mail Address: _____

Mailing Address: _____

Home Golf Club/Course: _____

Occupation: _____

Home Phone: _____

Cell Phone: _____

Office Phone: _____

Please send a check for \$150 made payable to *The Tillinghast Association*.

Upon receipt, we will mail the Tillinghast books, your membership certificate and welcome letter.

Thank you.

PLEASE PRINT A COPY, FILL OUT AND MAIL TO:

THE TILLINGHAST ASSOCIATION
c/o Stuart Wolfe
602 Somerset Road
Baltimore, MD 21210