



CLUB CODE 349

NEW MEMBER APPLICATION

Complete this form and fax it to the SCGA office. Club: please retain a copy for your records.
PLEASE PRINT CLEARLY.

CLUB NAME: _____

AUTHORIZED BY: _____

Does player have an existing GHIN number? YES NO

SCGA or GHIN NUMBER:

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CLUB OR ASSOCIATION NAME: _____

MEMBERSHIP TYPE: REGULAR JUNIOR (Under 18)

MALE FEMALE

PREFIX (includes Dr., Gen., Col.): _____ SUFFIX (includes Jr., Sr., MD, DDS, III): _____

NAME: _____

ADDRESS: _____

CITY: _____

STATE/PROVINCE: _____ ZIP/POSTAL: _____ COUNTRY: _____

DATE OF BIRTH: (Month/Day/Year) ____/____/____ TELEPHONE: _____

EMAIL ADDRESS: _____

This authorizes the Southern California Golf Association to issue an SCGA membership and to bill this club for annual dues. \$1.00 of this amount is for an annual subscription to FORE Magazine and is authorized by the signature below.

DATE _____

APPLICANT'S SIGNATURE _____