

Membership Fee = \$125.00

NEW MEMBER APPLICATION

PLEASE PRINT CLEARLY Complete this form, enclose a \$125.00 check and Mail it to:
SCMGC 150 E. Ave. Magdalena San Clemente, CA 92672 Atten: Membership

CLUB NAME: SAN CLEMENTE MEN'S GOLF CLUB

AUTHORIZED BY: _____

Does player have an existing GHIN number? YES NO

SCGA or GHIN NUMBER:

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 _____

PLEASE PRINT CLEARLY AND FILL IN ALL FIELDS (except prefix & suffix)

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