

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:

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