



California Seniors' Golf Association

PRESERVING THE BEST TRADITIONS OF GOLF

P.O. BOX 1157
PEBBLE BEACH, CALIFORNIA 93953
(831) 625-4653 FAX (831) 622-0580

I hereby make application for membership in the California Seniors' Golf Association and will abide by its By-laws. I have read Article VI.

NAME IN FULL (print) _____

DATE OF BIRTH (print) _____ Age last birthday _____
Mo. Day Year

HOME CLUB _____ NCGA/SCGA # _____

RESIDENCE _____

_____ Telephone _____

BUSINESS _____ Title _____

BUSINESS ADDRESS _____

_____ Telephone _____

NAME OF PRESENT OR PAST BUSINESS OR PROFESSIONAL CONNECTION

SEND BILLS AND NOTICES (check which) Residence address _____

Business address _____

EMAIL: _____

My membership Application Resume on the back hereof is a part of this Application

Signature _____

Date _____

Proposer's signature _____ Date _____

Approved by Membership Committee _____ Date _____

Elected to Membership Date _____

Notified Date _____

Proposer must write letter to Secretary stating Applicant's Qualifications for membership

MEMBERSHIP APPLICATION RESUME

1. How long have you been a member of this club? _____

2. If you now belong to other golf clubs, please list: _____

3. If you have belonged to other golf clubs in the past, please list: _____

4. Have you served on committees, on the Board, or as an officer? Please give details.

5. Of what golf Associations have you been a member? Please list: _____

6. What is your current handicap? _____ What is your lowest past handicap? _____

7. List three members of CSGA for reference other than your proposers: _____

8. Give additional details here or attach separate schedule if insufficient above. _____

Date: _____

Signature of applicant: _____