



NEW MEMBERSHIP APPLICATION
SOUTHERN CALIFORNIA GOLF ASSOCIATION
 3740 Cahuenga Boulevard, North Hollywood, California 91604-3502
 PHONE (818) 980-3630 FAX (818) 980-5019



1. Print one letter ONLY in each space leaving one space between words (abbreviate if necessary).

• **Titles:**

- A. Any titles such as Gen., Dr., Col., should be shown AT THE END OF THE NAME LINE.
- B. The following designations, Jr., Sr., MD, DDS, III, should be AFTER TWO BLANK SPACES FOLLOWING THE MIDDLE INITIAL.

- The new member must sign the Applicant's Signature section and the club's designated representative must sign the Authorized By section at the bottom of the application.

Print LAST name first, first name, middle initial <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	sex: <input type="checkbox"/> m <input type="checkbox"/> f
Street Address <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	club code <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
City State Zip Code <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	(check one category) <input type="checkbox"/> New Member <input type="checkbox"/> Complimentary <input type="checkbox"/> Junior Member <input type="checkbox"/> Multi-member

E-Mail address: _____

2. If applicant is a junior (under 18 years of age), show birthdate: (Month/Day/Year)

3. **Fill in the appropriate sections**

phone () _____

- a) Applicant has an SCGA member number

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1) Show SCGA member number

2) List other SCGA clubs were applicant is a member: _____

- b) Applicant is a member of one of the following:
 Public Links Golf Association of Southern California,
 Women's Southern California Golf Association,
 Western American Golf Association, Women's Public Links Golf Association,
 San Diego County Women's Golf Association, Desert Women's Golf Association

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- c) Applicant will establish an SCGA index by posting scores.

This authorizes the Southern California Golf Association to issue an SCGA membership card 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: _____

Authorized by: _____ Club: _____

Instructions: Complete form and mail white and pink copies to the SCGA office; club retains yellow copy for records. The SCGA membership card for this person will be sent to the above club.