



## CREDIT REQUEST FORM

Post Office Box NCGA □ Pebble Beach, California 93953 □ (831) 625-4653 □ FAX: (831) 622-0549

**Email to [ben@ncga.org](mailto:ben@ncga.org)**

**Date:** \_\_\_\_\_

**Club Name:** \_\_\_\_\_ **Club Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(begins with 53 or 63)

**Club Contact:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

**Golfers in question MUST be removed from the club's active roster before any credit request will be considered.  
Regular to Junior? Merely edit the membership type and add a birth date; do not delete.**

*Subject to the approval of the NCGA Membership Department*

1) NCGA#: \_\_\_\_\_ - \_\_\_\_\_ Amount Billed: \$ \_\_\_\_\_ **Credit Issued (NCGA USE ONLY):** \$ \_\_\_\_\_

MEMBER'S NAME: \_\_\_\_\_ Reason for request: \_\_\_\_\_

2) NCGA#: \_\_\_\_\_ - \_\_\_\_\_ Amount Billed: \$ \_\_\_\_\_ **Credit Issued (NCGA USE ONLY):** \$ \_\_\_\_\_

MEMBER'S NAME: \_\_\_\_\_ Reason for request: \_\_\_\_\_

3) NCGA#: \_\_\_\_\_ - \_\_\_\_\_ Amount Billed: \$ \_\_\_\_\_ **Credit Issued (NCGA USE ONLY):** \$ \_\_\_\_\_

MEMBER'S NAME: \_\_\_\_\_ Reason for request: \_\_\_\_\_

4) NCGA#: \_\_\_\_\_ - \_\_\_\_\_ Amount Billed: \$ \_\_\_\_\_ **Credit Issued (NCGA USE ONLY):** \$ \_\_\_\_\_

MEMBER'S NAME: \_\_\_\_\_ Reason for request: \_\_\_\_\_

5) NCGA#: \_\_\_\_\_ - \_\_\_\_\_ Amount Billed: \$ \_\_\_\_\_ **Credit Issued (NCGA USE ONLY):** \$ \_\_\_\_\_

MEMBER'S NAME: \_\_\_\_\_ Reason for request: \_\_\_\_\_