

**SENIOR GOLF ASSOCIATION**



**OF NORTHERN CALIFORNIA**

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

**APPLICATION FOR MEMBERSHIP**

NAME IN FULL (print) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_ - \_\_\_\_\_ EMAIL \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

NCGA # (required) \_\_\_\_\_ HOME CLUB \_\_\_\_\_

Please list any other golf clubs you have belonged to in the past

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BUSINESS \_\_\_\_\_ TITLE \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

BUSINESS TELEPHONE ( ) \_\_\_\_\_ - \_\_\_\_\_

NAME OF PRESENT OR PAST BUSINESS OR PROFESSIONAL CONNECTION

\_\_\_\_\_

MY MEMBERSHIP APPLICATION RESUME ON PAGE 2 IS A PART OF THIS APPLICATION

**MEMBERSHIP APPLICATION RESUME**

1. How long have you been a member of your home club? \_\_\_\_\_

2. Have you served on committees, boards, or as an officer? Please give details \_\_\_\_\_

\_\_\_\_\_

3. Have you been a member of any other golf associations? Please specify \_\_\_\_\_

\_\_\_\_\_

4. What is your current index? \_\_\_\_\_ What is your lowest past index? \_\_\_\_\_

5. Please list any other SGANC members that you are acquainted with

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Other information not previously requested \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

Proposer \_\_\_\_\_

(Print)

DATE \_\_\_\_\_

\_\_\_\_\_  
(Signature)

Seconder \_\_\_\_\_

(Print)

DATE \_\_\_\_\_

\_\_\_\_\_  
(Signature)

**IMPORTANT INFORMATION:**

Proposer and Seconder must sign above. Any missing information will result in the application returned to the Proposer.