



SENIOR GOLF ASSOCIATION OF NORTHERN CALIFORNIA

P.O. BOX 1157, Pebble Beach, CA 93953 • 831.622.0580 • www.sganc.com

APPLICATION FOR MEMBERSHIP

NAME (Print) _____ BIRTHDATE: ____ / ____ / ____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE(Home) _____ (Cell) _____

EMAIL _____ NCGA# _____

HOME CLUB _____ # of YEARS _____

OTHER CLUBS _____

1. Service on golf committees, Boards, or as an Officer of any of these clubs? Give details

2. List any other SGANC members that you are acquainted with:

I will abide by the BY-LAWS of the Senior Golf Association of Northern California (www.sganc.org).

APPLICANTS SIGNATURE _____ DATE _____

Proposer's Name(Print) _____ Signature _____ DATE _____

Seconder's Name(Print) _____ Signature _____ Date _____

NOTE: All parties must sign application. Incomplete forms will be returned to the Proposers.

Date memberships approved: _____