MEMBERSHIP APPLICATION SATICOY SENIOR MEN'S GOLF CLUB

Please print all information required

NAME	ADDRESS	
CITY	STATE	_ DATE OF BIRTH
HOME PHONE	CELL PHON	E
EMAIL		
EMERGENCY CONTACT		NUMBER
PLEASE CHECK ONE: NEW	RENEWAL	_
OLD OR CURRENT PLGA/ SCGA NU	JMBER	
MEMBERSHIP L	IMITED TO AMATURE GOI	LFERS AGE 55 OR OLDER
SSMGC Constitution, bylaws, and I	ocal rules. The applicant and the green, filling divots,	ed and abide by the USGA Rules of Golf, the also agrees to practice proper etiquette, playing at a reasonable pace, and extending.
		e paid before your year is up. The or Jan 1 st to Dec 31 st if you're a long- time
Signature		Date
Chairman Von Williams, 222 Ferro	Drive, Ventura, CA 93001	r Men's Golf Club, and mail to Membership . For any questions about the club or golf lobal.net (805) 455-1647, or check our
SHOTGUN START AT 7:30 AM EVE	RY THURSDAY. PLEASE C	HECK IN PRIOR TO 7:00 AM.
	This space for club use	e only
Date membership recorded		Amount paid
Mamharshin	Treasurer	