

FULLERTON SENIORS GOLF CLUB (FSGC)

MEMBERSHIP APPLICATION (Men and Women 55 Years and Older)



DATE:		
NAME:		
ADDRESS:		_
CITY:	ZIP	
TELEPHONE:		_
EMAIL:		
DATE of BIRTH:		
GHIN NUMBER:		
FULLERTON SENIORS GOLF CLUB (I CALIFORNIA GOLF ASSOCIATION (SOMEWHATER) ASSOCIATION (SOMEWHATER) ASSOCIATION (SOMEWHATER) ANNUAL MEMBERSHIP DATE. THE SOMEWHATER SCGA AT ONE OR MORE ADDITIONAL	CGA) FEES ARE \$36.00 PER YEA ent of \$76.00 directly to the SCGA. the SCGA and billed directly to eac CGA FEES are member specific ar ED EVEN IF YOU ARE ALREADY	AR (a combined total of \$76.00). New Thereafter, subsequent payment the Member's and are REQUIRED for membership in
It is the New Member's responsibility to to www.scga.org/membership then so Screen is Club Finder, select: by Club N	elect >Ready to Join>Full Memb	ership>Pick a Club. On the Next
Membership is a Requirement for partic on annual SCGA dues if you are a mem calendar year.		
HANDICAP INDEX: DO YOU HAVE AN YES NO (CIRCLE YES OR NO)	I ESTABLISHED HANDICAP INDE If YES; Handicap Index No (GHIN	
Handicap Organization:	Club	
If you do not have an established Handi one after 3 rounds, and the SCGA/GHIN	•	irman will assign you a temporary

PLEASE GO TO OUR WEBSITE, www.fullertonseniorsgolf.org for details on club operation and play.



