



APPLICATION FOR SCGA MEMBERSHIP • (AFFILIATE CLUB)

Name of Club/Organization _____

Street Address _____

City, State, Zip Code _____

Mailing Address (if different from above) _____

Telephone _____ (FAX) _____

Email address _____ Web site URL _____

Date club founded _____ Primary purpose of club _____

Description of annual golfing activities _____

Our club will access monthly handicap reports through the SCGA web site

Our club wants monthly handicap reports mailed to us; SEND REPORTS TO:

NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

Home Phone: _____ (Business phone) _____

CLUB MEMBERSHIP

Present number of members _____ Potential number of members _____

CLUB OFFICIALS

President _____ Phone _____ Email _____

Address _____

City, State, Zip Code _____

Vice President _____ Phone _____ Email _____

Secretary _____ Phone _____ Email _____

Handicap Chair _____ Phone _____ Email _____

Person to contact regarding this application

Name _____ Phone _____ Email _____

PLEASE READ AND SIGN PAGE 2



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Founded July 29, 1899
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OFFICERS

ERROL SHAW
PRESIDENT

ED HOLMES
VICE PRESIDENT

KENT KELLER
SECRETARY

BOB LOWE
TREASURER

BILL CUNERTY
IMMEDIATE PAST PRESIDENT
.....

DIRECTORS

- KEENAN BARBER**
- KEN BIEN**
- ALAN FRANK**
- JIM GILES**
- DENNIS HARWOOD**
- BOB HEDLEY**
- BOB JONES**
- TOM LINDGREN**
- JOHN MORELLO**
- JOHN RYDELL**
- STEVE TITUS**
- BILL WOOLFOLK**

.....
EXECUTIVE STAFF

THOMAS A. MORGAN
EXECUTIVE DIRECTOR

KEVIN T. HEANEY
ASSISTANT EXECUTIVE DIRECTOR

MARK DUSBABEK
DIRECTOR OF COURSE RATING

KATHI FLORES
CONTROLLER

FRANCES NEE
DIRECTOR OF CLUB RELATIONS

MICHAEL SWEENEY
DIRECTOR OF RULES
AND COMPETITIONS

ROBERT D. THOMAS
SENIOR DIRECTOR OF COMMUNICATIONS

RAY TIPPET
SENIOR DIRECTOR OF
HANDICAP AND MEMBERSHIP

CLUB MEMBERSHIP APPLICATION AND STATEMENT

We hereby make application for membership in the Southern California Golf Association based upon the information submitted in page 1 of this Membership Application. With this application, we submit/have submitted a copy of our constitution/by-laws and or policy/procedure manual.

We have read the SCGA By-laws and understand our membership obligations, which are explained therein. In particular, we understand that 100% of our club members must be members of the Southern California Golf Association.

If our application is approved by the SCGA Board of Directors and we are elected to the class of membership for which we qualify, the undersigned club agrees to abide by the By-Laws and handicap procedures of the Southern California Golf Association and amendments thereto.

NAME OF CLUB _____

BY _____
President

BY _____
Secretary

DATE _____