

SUN CITY MEN'S GOLF ASSOCIATION, INC. MEMBERSHIP APPLICATION

The Sun City Men's Golf Association (SCMGA) is a non-profit organization incorporated as such by the State of Arizona. Competition is scheduled every Wednesday at each of the 7 eighteen-hole golf courses and at the 9-hole executive course, all of which are owned by the Recreation Centers of Sun City.

Men who have a current Recreation Centers Owner or Privilege card are eligible to join the Association. Applications submitted after October 15, are good through December 31 of the next year. It is understood that you must play Wednesday competition where your handicap is kept. Prefer checks in U.S. currency only made payable to "Sun City Men's Golf Association, Inc. (SCMGA).

RENEWALS NOT PAID BY DECEMBER 31, ARE SUBJECT TO A \$5 LATE FEE

NEW MEMBERSHIP APPLICANTS

DO NOT MAIL OR TURN IN THIS APPLICATION.

YOU MUST CONTACT YOUR COURSE MONITOR FOR THE REQUIRED ORIENTATION BRIEFING

For your briefing bring the following with you: This completed application form, your Recreation Center membership card, as many attested score cards as you have accumulated, and a USGA Handicap Card if you have one from a former course. We need a minimum of 5 scores to assign a temporary handicap to enable you to enter the Wednesday competition.

IF RENEWING MEMBERSHIP, GIVE YOUR COMPLETED APPLICATION AND CHECK TO YOUR COURSE MONITOR

CHECK BOXES THAT APPLY-

Quail Run (Only)

- | | | | |
|---|--|--------------------------------------|--|
| <input type="checkbox"/> MEMBERSHIP RENEWAL | <input type="checkbox"/> 18 HOLE \$45 | <input type="checkbox"/> 9 HOLE \$25 | <input type="checkbox"/> COURSE TRANSFER |
| <input type="checkbox"/> NEW MEMBER | <input type="checkbox"/> 18 HOLE \$45 | <input type="checkbox"/> 9 HOLE \$25 | |
| | <input type="checkbox"/> 18 HOLE \$15 TRANSFER FEE | | |

Fee after July 1 - \$25.00
Fee after Sept 1 - \$13.00

FORMER COURSE _____

PLEASE KEEP MY HANDICAP RECORD AT THE COURSE

- | | | |
|--------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> SOUTH | <input type="checkbox"/> LAKES WEST | <input type="checkbox"/> QUAIL RUN |
| <input type="checkbox"/> NORTH | <input type="checkbox"/> RIVERVIEW | <input type="checkbox"/> WILLOWBROOK |
| <input type="checkbox"/> WILLOWCREEK | <input type="checkbox"/> LAKES EAST | |

MONITOR USE ONLY

Check# : _____
Date: _____

THE FOLLOWING INFORMATION TO APPEAR ON ASSOCIATION RECORDS MUST BE THE SAME AS THE RCSC CARD

NAME _____ PHONE () _____
PRINT LAST NAME FIRST NAME
 NICKNAME _____ EMAIL ADDRESS _____
 _____ ZIP CODE _____
 MY REC. CARD # _____ EXPIRES _____

I, THE UNDERSIGNED, AGREE TO COMPLY WITH THE RULES, REGULATIONS AND BY-LAWS OF THE ASSOCIATION.

SIGNED _____	DATE _____
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