

Piney Point Golf Club

MEMBERSHIP APPLICATION

Name	Birthdate	Home Phone
Email Address @	Cell phone	Anniversary
Mailing Address	City	State Zip
Present Occupation or Profession	Business Phone	
Name of Employer	Address	

Please include the following people in this membership:

Family	Son/Dau	Birthdate	Email address
S)	N/A		@

Spouse's Profession: _____ Business Phone: _____

(Children under the age of 18 or 23 if a full-time college student)

Child)			@
Child)			@
Child)			@
Child)			@

All proposals for membership shall first be approved by the membership committee and then be submitted to the Board of Directors for approval. Upon approval by the Board, the membership will become effective upon receipt of the appropriate amount of dues and fees. By signing below, I, the applicant, understand and agree to the above.

Signature of Applicant _____ Date _____

Signature of Sponsors: 1) _____ Member No. _____

2) _____ Member No. _____

Type of Membership Applying for: ___ Resident ___ Junior Executive ___ Social

Do you wish to pay your dues ___ Monthly ___ Quarterly ___ Annually

Do you wish to enroll in the CGA Handicap program? ___ Yes ___ No

* * * * *

.....FOR OFFICE USE ONLY.....

Date application received: _____	Membership start date: _____	Membership No: _____	Notes: _____
Date approved by the Board: _____	Membership Record date entered _____		
Charges: Date entered _____		___ MO/QT/YR Dues	
___ Initiation Fee	Amount \$ _____	___ CGA Handicap	
___ CGA Fee	Amount \$ _____	___ Payment Plan (see reverse)	
___ _____	Amount \$ _____	___ Special Credits (see Notes)	