PAGASA GOLF CLUB
MEMBERSHIP APPLICATION

NAME: FIRST	MIDDLE INITIAL	LASTNAME
STREE ADDRESS		APT. NO.
CITY	STATE	ZIP CODE
(___)_____ HOME TELEPHONE	(___)_____ WORK	(___)_____ CELL

E-MAIL ADDRESS: _____

I AGREE TO BE RESPONSIBLE FOR ALL MEMBERSHIP RELATED FEES AND DUES, PAY ALL CHARGES PROMPTLY, OBSERVE CLUB RULES AND NOTIFY THE CLUB OF ADDRESS CHANGES.

I AGREE THAT MY MEMBERSHIP WILL TAKE EFFECT ONLY AFTER PAYMENT OF THE FOLLOWING FEES/DUES.

1. **$50 ONE TIME CLUB ENTRY FEE** (Non-refundable)
2. **$25 ANNUAL CLUB DUES** (Due January 31 of every year after)
3. **$30 SCGA ANNUAL FEE** (Multi-Member will be refunded $15 once verified)
4. **$10 SCGA Reinstatement FEE** (If applicable)

SIGNATURE OF APPLICANT: X_____ **DATE:**_____

MEMBER SCGA #_____ (Write "NEW" if you have no #)

NOTICE TO APPLICANT: APPLICATION WILL BE PROCESSED IF ENDORSED BY A PAGASA CLUB MEMBER

ENDORSED BY_____ **X**_____
PRINT NAME SIGNATURE

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FOR MINOR APPLICANT ONLY

This club membership entitles your child to participate in all club sponsored tournaments and activities. Your child may be entitled to club tournament fee discount. I assume responsibility for all membership related fees and dues.

PARENT/GUARDIAN (PRINT)_____ CHILD DOB: _____

SIGNATURE: **X**_____ DATE: _____

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PLEASE MAIL APPLICATION TO: **Pagasa Golf Club, 16566 Arvid Street, La Puente, CA 91744**
Can be faxed to (626) 974-5246 or submitted at next tournament.