

Piney Point Golf Club

MEMBERSHIP APPLICATION

Name	Mobile phone	Home Phone	
Name preferred to be called	Birthday	Anniversary	
@			
Email Address			
Mailing Address	City	State	Zip
Present Occupation or Profession		Business Phone	
Name of Employer		Address	

Statements will not be sent via Post Office. They will be emailed to the email address provided.

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. Applicant agrees that any delinquent balance owed may be charged to any credit card or bank information applicant enters on file. 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 (Inclusive) ___ Resident (Non-inclusive)
 ___ Non-Resident (20-40 miles) ___ Non-Resident (40+ miles) ___ Experience PP (if available)
 ___ Junior Executive (age 18-29) ___ Social ___ Pool (renews annually)
 Do you wish to pay your dues ___ Monthly ___ Quarterly ___ Annually

Do you wish to enroll in the CGA Handicap program? (golfing memberships) ___ 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 \$ _____			
___ _____ Amount \$ _____			
___ Welcome sent			

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Please include the following people in this membership:

Spouse's Name	Plays Golf	Birthdate	Email address
S) _____	Yes/No	_____	_____@_____

Spouse's Profession: _____ Mobile Phone: _____

Would Spouse like to receive email newsletters? Yes No

(Children under the age of 18 or 23 if a full-time college student)
(Resident only - grandchildren under the age of 16.
If a college student, please provide college transcript.)

Please indicate son or daughter and whether the child plays golf.

Family	Son/Dau	Birthdate	Plays Golf
Child) _____			
Child) _____			
Child) _____			
Child) _____			
Child) _____			
Child) _____			
Child) _____			
Child) _____			
Child) _____			
Child) _____			
Child) _____			

(For Resident Inclusive & Resident Non-Inclusive golfing members only - grandchildren under the age of 16.

Grandchildren	GrndSon/GrndDaugh	Birthdate	Plays Golf
Grandchild) _____			
Grandchild) _____			
Grandchild) _____			
Grandchild) _____			
Grandchild) _____			