



NEW JUNIOR MEMBERSHIP APPLICATION
SOUTHERN CALIFORNIA GOLF ASSOCIATION
 3740 Cahuenga Boulevard Studio City, California 91604-3502



- Print one letter ONLY in each space leaving one space between words (abbreviate if necessary).
- The following designations, Jr., Sr., MD, DDS, III, should be AFTER TWO BLANK SPACES FOLLOWING THE MIDDLE INITIAL.
- The new member must sign the **Applicant's Signature** section and the club's designated representative must sign the **Authorized By** section at the bottom of the application.
- Please complete all fields.
- THIS APPLICATION SHOULD BE TURNED INTO THE SCGA CLUB THAT YOU ARE JOINING. The SCGA Membership card will be sent to the club in approximately 15 days from the time the SCGA receives the application.

Print LAST name first, first name												Sex <input type="checkbox"/> m <input type="checkbox"/> f	
Street Address												Club Code	
City						State		Zip Code		Birth date			
										_____ Month Day Year			

E-Mail address (**required**): _____

Phone: () _____

If applicant has a handicap index from a golf association in Southern California, please list the six digit member number:

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Ethnicity:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Multiracial | <input type="checkbox"/> Native American | <input type="checkbox"/> Other |

This authorizes the Southern California Golf Association to issue an SCGA membership card. The membership fee for all juniors will be paid for by the SCGA Foundation. Unless already established, applicant will establish an index by posting scores.

Date _____ Applicant's Signature: _____

Authorized by: _____ Club: _____

FOR CLUB USE ONLY: Supervised _____ Unsupervised _____