

# 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. 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?    \_\_\_ 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 _____			
___ Initiation Fee    Amount \$ _____	___ MO/QT/YR Dues	___ CGA Handicap	
___ CGA Fee        Amount \$ _____			
___ _____        Amount \$ _____			
___ Email Service    ___ Welcome			

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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, daughter, or grandchild and whether the child plays golf.

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

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