

New Member & Renewal Application

Date: _____

PLEASE PRINT (Renewals name only)

Last Name: _____ First Name: _____ Initial: _____

Street Address: _____ Age: _____

City: _____ Zip: _____

Telephone () _____ (Renewals only fill in data if it has changed)

Email Address _____

New Members Only (if applicable)

Current Club: _____

Current SCGA Member#: _____ Current Index: _____

Renewals (before December 1) \$58.00

New Members (or renewals after Dec 1st) \$85.00

(*for new members joining after Jan 31, call membership chairman for pro-rated cost.)

Make Checks Payable to: **Triple S Seniors Golf Club**

Send to:

George Del Carmen
15518 ILLORA Drive
La Mirada, CA 90638
(714) 458-2793