



APPLICATION FOR MEMBERSHIP

I do hereby apply for membership and agree to be supportive of the affairs of the Clearview Seniors Golf Club and to abide by the Articles of the Constitution and By-Laws of the Club. I further agree that I shall observe the rules and regulations of the Clearview Golf Course.

PLEASE PRINT

NAME _____

(FIRST)

(LAST)

(MI)

ADDRESS _____ E-MAIL ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE () _____ CELL PHONE () _____

DATE OF BIRTH _____ SPOUSES NAME _____

PRESENT ____ or PAST ____ EMPLOYMENT and JOB TITLE _____

(Age requirement to join Clearview Seniors Golf Club is 55 YOA)

NEW YORK CITY AGE REQUIREMENT FOR SENIORS IS 62 YEARS OR OLDER

(PLEASE ATTACH A PHOTOCOPY OF YOUR DRIVERS LICENSE)

How did you hear of Clearview Seniors Golf Club? _____

How many years have you been playing golf? _____ How often do you play? _____ Times Per _____

What is your average gross score for 18 holes? _____

Do you have a USGA handicap? Y N If so, what is your index? _____ Handicap? _____

Can you commit to playing golf every Wednesday, if possible? Y N

Have you been a member of any other club? Y N Have you played in golf tournaments? Y N

Are you familiar with the rules of golf and golf etiquette? Y N

Do you usually _____ Walk _____ Ride

What is your shirt size? _____ Medium _____ Large _____ X-Large

Do you agree to participate in one or both of our golf outings: _____ I Agree _____ I Do Not Agree

CSGC Shirt +& Hat are mandatory during Club Play!

Recommended by Club Member

Signature of Applicant

Date _____

Date _____

Submit Application to:

Pete Modifica, 33-34 156 St, Flushing, NY 11354-3328

You will be notified upon acceptance of this application. Annual dues in the amount of \$150.00

Plus, initiation fee of \$35.00, totaling 185.00 in one check shall then be paid.

(DO NOT submit any payment with this application)

Visit our website: clearviewseniorgsc.com