SUN CITY GRAND LADY PUTTERS MEMBERSHIP APPLICATION 20___ - 20____ NOVEMBER THRU MAY

scgladyputters.com

NAME		CAM#						
(PRINT)		(SEVEN DIGITS REQUIRED)						
ADDRESS (LOCAL)						ZIP		_
(PRIN	Γ)							
PHONE	Owner F	Renter (r	ental dates)					
EMAIL ADDRESS (PRINT)								
EMERGENCY CONTACT ((CELL #)							
	(PRINT)							
	MEMBERSHIP APPLIC. ers, C/O Kathy Kearne		•				ADDRESS:	
	checks only payable to th year to hold your cu	-				eived by		
	570) checks only payak ease make your selecti	-				membership	0	
Please circle one (new a	nd renewing member	s):						
PLAY DAY: MON	TUES WED	THURS	FRI					
\A/UENI DENIE	WING PLEASE [O NOT DE	MOVE D	OTTON	A OE TU	IC NAENA	DEDCHII	D CUEET
VVIILIV IVLIAL	WING FLEASE E	O NOT KE	IVIOVED	OTTON	, OI III	IS IVILIVII	DENSIII	FJIILLI
NEW MEMBERS ON	LY: SELECT THE S	ZE YOU WOL	JLD LIKE T	O ORDE	R:			
	ITEM	SM	MED	LG	XL	2X	3X]
3-BUTTON CO	DLLAR SHIRT							
NAME ON NAME TAG				PIN T	ΔG	OR M	1AGNETIC	TAG
	(PLEASE PRINT CLEA			' ' ' ' ' '		_	i/ (GIVETTE	
Below Office Use O	nly: Treasurer, Me	embership Cl	nair, and \	ice Pre	sident:			
Date Received_	ceived Check # Date Received by Membership Chair							
Office Use Only Vice	President:							
Date Received_	A	Name Tag				Shirt		
Date Merchandise D	elivered (Apron, N	ame Tag and	l Shirt)					