



Membership Application

Applicant Name: _____

D.O.B. _____

Gender: M / F

Phone: _____

Email Address: _____

Address: _____

City: _____

State: _____ Zip: _____

Occupation: _____ Employer Name: _____

Special Skills or Degree: _____

**Annual
Membership Fee**

\$75

Pay via Cash, Cash App, Check, or
Paypal :
paypal.me/FloridaPinSeekers

Golf

Legal

Ghin #: _____

Convicted Felon (Y / N)

USGA Hcp: _____

Registered Sex Offender (Y / N)

Avg Score: _____

Tee Box: _____

Home Course _____

Emergency Contact: _____

Shirt Size: _____

Emergency Phone #: _____

By signing below you acknowledge that the PinSeekers of Central Florida are a non-profit organization whose primary mission is to affect the lives of young people through the game of golf. You acknowledge that the annual membership fee is \$75 (or \$40 if joining for first time after June 30th) and is subject to change and that there is a monthly required meeting. You acknowledge that the PinSeekers of Central Florida are affiliated with the Sunshine State Amateur Golf Association (S.S.A.G.A.) and therefore, has to abide by certain tournament standards and organizational by-laws. You acknowledge that the information provided above is accurate to the best of your knowledge.

Applicant Signature: _____

Date: _____

Applicant Sponsor: _____

