

DATE _____

EAGLES GOLF CLUB OF PALM COAST

APPLICATION FOR MEMBERSHIP

NAME _____ NICK NAME _____

ADDRESS _____
STREET CITY STATE ZIP

TELEPHONE(H) _____ (C) _____

E-MAIL _____

DATE OF BIRTH _____

CONTACT IN CASE OF EMERGENCY _____ PHONE _____

MEMBER OF USGA APPROVED HANDICAP SYSTEM (YES/NO) _____ IF YES, NAME OF SYSTEM _____, MBRSHIP NO. _____ AND CURRENT HDCP INDEX _____

IF NO WHAT IS REGULAR SCORING RANGE E.G. 90-96, 100-108 ETC. _____

HOME COURSE _____ FAVORITE PLACES TO PLAY _____

PERSONAL HOBBIES _____

IF APPROVED FOR MEMBERSHIP IN THE EAGLES GOLF CLUB OF PALM COAST I WILL ACTIVELY PARTICIPATE IN ACHIEVING THE OBJECTIVES OF THE CLUB BY;

1. ATTENDING BI-MONTHLY CLUB MEETINGS.
2. PARTICIPATING IN MONTHLY CLUB OUTINGS DURING THE GOLF YEAR (SEP-JUN)
3. PROMOTING/ASSISTING IN THE MAINTENANCE OF A YOUTH GOLF PROGRAM, &
4. MAINTAINING A USGA HANDICAP INDEX

APPLICANT'S SIGNATURE _____

RECOMMENDED BY (CURRENT MEMBER) _____

SPONSOR'S SIGNATURE _____

MEMBERSHIP APPLICATION FEE IS _____ AND IS TO BE COLLECTED AT TIME OF APPLICATION. IF THE APPLICANT IS APPROVED FOR MEMBERSHIP THIS FEE WILL BE APPLIED TO COVER THE MEMBER'S ANNUAL DUES FOR THE CURRENT GOLF YEAR. IF THE APPLICANT IS NOT ACCEPTED FOR MEMBERSHIP THE FEE WILL BE RETURNED.

NOTE: THIS FEE IS DETERMINED/APPROVED BY THE CLUB IN SEPTEMBER AT THE BEGINNING OF EACH GOLF YEAR.