

THE SEQUOIANS' MEMBERSHIP APPLICATION/RENEWAL

NAME: \_\_\_\_\_ GHIN NUMBER: \_\_\_\_\_

LOCAL STREET ADDRESS: \_\_\_\_\_ P. O. BOX: \_\_\_\_\_

TOWN: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

OUT OF TOWN STREET ADDRESS: \_\_\_\_\_

LOCAL TELEPHONE: \_\_\_\_\_ OUT OF TOWN TELEPHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_ SPOUSE/PARTNER: \_\_\_\_\_

**CLUB DUES:**

Regular Club Membership Dues (Does not include NCGA\*\*): Check one:

( ) Playing member: \$45.00 \_\_\_\_\_  
( ) Social Member: \$20.00 \_\_\_\_\_

**Optional Participation** (You may participate in any or all of the following)

<u>Par Board</u>	\$4.00	_____
<u>Ringer Board</u>	\$6.00	_____
<u>Chip-Ins</u>	\$2.00	_____
<u>Hole-in-one Insurance</u> (New members only)	\$2.00	_____
<u>Magnetic Name badge</u>	\$7.00	_____
<u>TOTAL AMOUNT PAID</u>		_____

**Make checks payable to THE SEQUOIANS.** Mail the application and check to

The Sequoians Att: Membership Chair P. O. Box 695 Arnold, CA 95223

Or

Place application and check in the Membership Chair file in the Pro Shop. If you are a new member, please include five (5) score cards if a GHIN NUMBER is needed to complete the membership, per the policy.

**TO BE COMPLETED BY MEMBERSHIP CHAIR ONLY**

Date Application Received: \_\_\_\_\_ Date Check Received: \_\_\_\_\_

Copy to : Treasurer: \_\_\_\_\_ Handicap: \_\_\_\_\_

Communications: \_\_\_\_\_

\*\*NCGA DUES ARE PAID VIA SWCC ANNUAL BILLING

