



Golf Club of the Treasure Coast, Inc. a 501 (c) organization

P.O. Box. 547

Fort Pierce Florida, 34952

EMail: Par-5 Golf Club of Treasure the Coast. Net

APPLICATION FOR MEMBERSHIP FORM

I, _____ understand that my application must be reviewed and approved by 2/3 vote of members present in a general club meeting. I have been or will be briefed on the rules, regulations and Bylaws that govern Par-5 Golf Club of the Treasure Coast, Inc. and the standards that govern SSAGA. A complete copy of Bylaws may be access on Par-5 web page.

I understand that **\$150.00** membership fee must accompany this application. I also acknowledge that I am responsible for **\$200.00** advertisement during our fund raiser.

I, _____ understand that my misrepresentation may result in the cancellation of this application and /or expelled after becoming a member, upon discovery of any misrepresentations of facts on this application.

1. Have you ever been a member of Par-5 Golf Club of the Treasure Coast, Inc?

(Circle one) Yes / No if yes, When _____

2. Have you ever held an officer position in Par-5 Golf Club of The Treasure Coast Inc. or another golf club? (Circle one) Yes /No. If yes fill in the blank? _____

3. Golf Handicap (if known): _____ 4. Shirt size: _____

First Name: _____ Last Name: _____ Birth date _____

Address: _____

Cell Phone # _____ Home Phone # _____ E-mail: _____

I, _____ certify that all information submitted on this application is true.

Sponsoring Par-5 Member signature: _____ Date: _____

Approve / Disapproved President/designee sign _____ Date: _____