



APPLICATION FOR MEMBERSHIP  
CALIFORNIA COUNTRY CLUB  
MEN'S ASSOCIATION



NAME TITLE (Circle One) LAST FIRST MIDDLE  
(Please print) Mr. / Mrs. / Ms \_\_\_\_\_

ADDRESS NUMBER/STREET CITY STATE ZIP  
\_\_\_\_\_

PHONE:( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

YOUR BIRTHDATE \_\_\_/\_\_\_/\_\_\_ Estimated Handicap \_\_\_\_\_ No. of Golf Years \_\_\_\_\_

Business or Job Title \_\_\_\_\_

Specialty/Hobbies: \_\_\_\_\_  
\_\_\_\_\_

California Country Club Member Number \_\_\_\_\_

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**California Country Club Men's Association (CCCMA) Membership:**

CHECK ONE: \_\_\_ New Member \_\_\_ Multi-member \_\_\_ Junior \_\_\_ Complimentary

If you are a Multi(club)-member, do you want the CCCMA to be your home club? \_\_\_ Yes \_\_\_ No

If you have a USGA/GHIN Number, please provide your number here: \_\_\_\_\_

**I AM APPLYING FOR A.C.C. MEN'S ASSOCIATION MEMBERSHIP AS A:**

CHECK ONE: \_\_\_ FULL MEMBERSHIP----- ANNUAL FEE - \$150.00

\_\_\_ WEEKDAY MEMBER -----ANNUAL FEE - \$60.00

**METHOD OF PAYMENT: (check one)**

\_\_\_ CHECK PAYABLE TO MEN'S ASSOCIATION \$ \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_ CASH PAYMENT TO MEN'S ASSOCIATION \$ \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_ VENMO @Peter-Bickers \$ \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ACCEPTED BY \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE RETURN THIS APPLICATION TO THE MEMBERSHIP CHAIRMAN OF THE MEN'S ASSOCIATION  
AND COPIES TO THE HANDICAP CHAIRMAN AND THE TREASURER