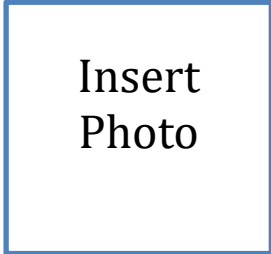




APPLICATION FOR MEMBERSHIP  
CALIFORNIA COUNTRY CLUB  
MEN'S ASSOCIATION



NAME Last First Middle Title

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ADDRESS Number/Street City State Zip Code

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PHONE: ( ) EMAIL:

BIRTHDATE: / /

Business or Job Title: Estimated Handicap: No. of Golf Years.

Specialty / Hobbies:

CALIFORNIA COUNTRY CLUB MEMBER #

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

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

If you are multi-member, do you want the CCCMA to be your Home Club? Yes \_\_\_ No \_\_\_

IF you have a USGA/GHIN number, write the number: \_\_\_\_\_

APPLYING FOR (check one): \_\_\_ Full Membership-----Annual Fee \$150.00

\_\_\_ Mid-Year Full Membership (Joining after JULY 1) ----- \$100.00

\_\_\_ Weekday Membership -----Annual Fee \$60.00

METHOD OF PAYMENT: (check one)

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

\_\_\_ Check Payable to CCC Men's Association: \$ DATE:

\_\_\_ Cash Payment to CCC Men's Association: \$ DATE:

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

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

Return the original to the Membership Chairman and copies to the Handicap Chairman and the Treasurer.