

2024 CALLIPPE SENIOR GOLF CLUB MEMBERSHIP FORM

NEW MEMBER \$100 ____

RENEWAL \$100 ____

*Name First _____ MI ____ Last _____

*Address _____

*City _____ *Zip Code _____

*Email Address _____

*Phone (at least one) Home _____ Work _____ Cell _____

*Date of Birth _____ *NCGA GHIN # (if a member) _____

Please note New Members applying in 2023 will not be eligible to play until Jan. 1st 2024.

I hereby apply for membership to the Callippe Senior Golf Club, a nonprofit organization, and agree to be bound by all by-laws and regulations of said club; and all agreements that have been entered into by said club as of the date of this application; and all agreements that the board of directors and officers of said club enter into subsequent to the date of this application.

*Signature: _____ Date: _____

***REQUIRED DATA FOR ALL NEW APPLICATIONS**

MAIL APPLICATION AND CHECK TO:

CALLIPPE SENIOR GOLF CLUB

C/O GARY PRIMEAU

5177 Mt Tam Circle

Pleasanton, CA 94588