

2019 CALLIPPE SENIOR GOLF CLUB MEMBERSHIP FORM

NEW MEMBER _____ RENEWAL _____

*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) _____

NEW MEMBER \$95 _____ RENEWAL \$85 (\$95 if paid after October 31, 2018) _____

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: _____

Sponsor _____ Check if Sponsor is a CSGC Member _____

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REQUIRED DATA FOR ALL APPLICATIONS

MAIL APPLICATION AND CHECK TO:

CALLIPPE SENIOR GOLF CLUB

C/O GARY PRIMEAU

5177 Mt Tam Circle

Pleasanton, CA 94588