SOUTHERN CALIFORNIA PGA Junior Tour ALUMNI ASSOCIATION

SCPGA JUNIOR TOUR ALUMNI ASSOCIATION APPLICATION

PREFIX (Includes Dr., Gen., Col.): _____ SUFFIX (Includes Jr., Sr., MD, DDS, III): _____

NAME: _____

ADDRESS: _____

CITY: _____

STATE/PROVINCE: _____ ZIP/POSTAL: _____ COUNTRY: _____

DATE OF BIRTH(**required**): *(Month/Day/Year)* ____/____/____ TELEPHONE: _____

EMAIL ADDRESS (**required**):_____

MALE ☐ FEMALE ☐ YEARS OF PARTICIPATION ON THE SCPGA JUNIOR TOUR _____

ETHNICITY :

☐ African American ☐ Asian/Pacific Islander ☐ Caucasian ☐ Prefer not to answer
☐ Hispanic ☐ Multiracial ☐ Native American ☐ Other

_____ _____

DATE APPLICANT'S SIGNATURE

Do you have an existing GHIN number? YES NO

SCGA or GHIN NUMBER: ☐☐☐☐☐☐☐

If you do not already have a Handicap from the Southern California Golf Association and you would like to get one, please fill out the credit card information below. Your card will be charged an annual fee of $40.

CREDIT CARD # _____ EXPIRES _____ SECURITY CODE ____
NAME ON CARD _____ SIGNATURE _____
BILLING ADDRESS _____
CITY _____ STATE ____ ZIP _____

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