

OFFICIAL MEMBERSHIP APPLICATION



Membership Dues

New Members and Renewal of Current Members-\$40
JUNIOR Members (children or grandchildren of a paid up Santa Ana member)\$15

Membership term is January 1, to December 31, of CURRENT YEAR_____

NAME _____
(print) LAST FIRST MIDINL

ADDRESS _____
Number and Street Apt No. or Space

CITY _____ ZIP CODE _____

TELEPHONE _____ DATE OF BIRTH _____

E-MAIL ADDRESS _____

I AM REMITTING \$_____ as payment for CURRENT annual dues.

Signing this application is accepting all the rules and regulations of the PAGA of SANTA ANA Chapter set forth in the local Bylaws, Including code of conduct, Mannerism and respect for others on and off the golf course.

Signature _____ Date _____

Do You have an established Handicap? If Yes, what is it: _____

SANTA ANA PAGA will complete the following:

Date of Payment _____ Treasurer's Initials ____

Please remit application and dues to Membership Chairman in person or mail to SANTA ANA PAGA P.O. BOX 4215, SANTA ANA, CA, 92702. Make checks payable to SANTA ANA PAGA. **Thank You for Joining the Santa Ana PAGA Chapter If you have any questions regarding membership please contact Mr. Ochoa (714) 630-3107 or any of the Officers listed on the business card or the Web Page**

www.santaanapaga.com