
THE SUNSHINE STATE AMATEUR GOLFERS ASSOCIATION, INC.

MEMBERSHIP AFFILIATE CLUB APPLICATION

Club Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Club Primary Officers:

Officer Title: _____ Name: _____

Officer Title: _____ Name: _____

Officer Title: _____ Name: _____

Officer Title: _____ Name: _____

Officer Title: _____ Name: _____

Officer Title: _____ Name: _____

Officer Title: _____ Name: _____

Officer Title: _____ Name: _____

SSAGA Admission Criteria:

1. Each club seeking membership into the SSAGA must have a minimum of eight (8) members on their roster at the time of admission.
2. Each club must submit their membership roster providing members names, addresses, contact numbers, and e-mail addresses for its members.
3. If accepted into the SSAGA, each club is required to:
 - a. Have representation at all SSAGA official meetings.
 - b. Participate in SSAGA sanctioned tournaments.
 - c. Support the SSAGA's Junior Golf Program or other SSAGA sanctioned charitable programs.
 - d. Adhere to tournament Standards and Procedures as set forth by the SSAGA.

SSAGA Affiliation Fee:

A Club Affiliation Fee of \$300.00 will be submitted with this application. The Club Affiliation Fee shall/will cover the clubs admission plus one individual membership fee. For all other members a \$15.00 fee shall be sent for each member.

If the application of admission is not approved, all monies will be fully refunded to submitting club.

I _____, President of _____
(Please Print) (Please Print Club Name)

Submit this application with the full understanding of the SSAGA's Admission Criteria and Admission Fee and hereby pledge to abide by the rules and regulations as approved by the Sunshine State Amateur Golfers Association, inc. (SSAGA).

(Please Print Your Name)

(Signature)

(Date)

Please mail application with check made payable to SSAGA to:

Sam Brown

Sunshine State Amateur Golfers Association, Inc. (SSAGA)

P.O. Box 3975

Boynton Beach, FL 33424

ssagaf@yahoo.com
