

Cape Cod Pro-Am Golf League

2017 MEMBERSHIP APPLICATION

I hereby apply for a 2017 CCPAL membership understanding that my application must be accompanied by a check in the amount of \$80.00 if received on or before February 25, 2017. After February 25, 2017, the membership fee is \$125.00.

Please make check payable to The Cape Cod Pro-Am League, Inc., P. O. Box 1373, Harwich, MA 02645 (Refundable only if my application is not approved by the Membership Committee).

Name: _____ Club: _____

Street and Number (or P.O. Box #): _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone _____

E-Mail: _____ Date of Birth: __/__/__ (to determine tee assignment)

Check here to permit release of above information to other league members.

Professionals must provide Social Security Number: _____

Amateurs must indicate GHIN Number _____

Please note that tournament entry fees are paid by credit card.

Card # _____ Security Code: _____ Exp Date: _____

Billing Zip Code: _____

PAID DUES IS AN ACKNOWLEDGEMENT THAT EACH MEMBER WILL ABIDE BY ALL CCPAL RULES. Please note that payment is not accepted unless this form is properly completed and signed. .

Signature of Applicant: _____