



Packet # \_\_\_\_\_

Date \_\_\_\_\_

# 2020 Players Club Application

START  
SAVING  
TODAY

Renew  New   
\$249 \$249

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please Print clearly-All communication is done by email

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip \_\_\_\_\_

Referred By: \_\_\_\_\_ Voucher# \_\_\_\_\_

ADD A 2020 SCGA INDEX FOR \$40

Please circle one

YES NO

Date of Birth \_\_\_\_\_

Renewal  
Ghin# \_\_\_\_\_

New  
Ghin# \_\_\_\_\_  
Other or Expired# \_\_\_\_\_