



Packet # _____

Date _____

2024 Players Club Application

START
SAVING
TODAY

Renew
 \$199

New
 \$249

Name: _____ Phone: _____

Email: _____

Please Print clearly

Address: _____ City: _____ State: ___ Zip _____

ADD A 2024 SCGA INDEX FOR \$40

Please circle one

YES

NO

Date of Birth _____

Renewal
Ghin# _____

New
Ghin# _____

Other or Expired# _____