

**SUNNYVALE SENIOR SITIZEN GOLF CLUB
SSSGC**

Check one: **Renewal - Please Renew by Oct 31**
 New Member

FOR YEAR 2020 (Yearly Dues \$85)

DATE _____

NAME _____
(Last Name) (First Name) (Middle Initial)

NCGA GHIN _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

NEW MEMBERS - PLEASE FILL OUT BELOW

DATE OF BIRTH _____ NCGA GHIN (if you have one) _____

WIFE'S/PARTNER'S NAME _____
(Optional; Used for social events, e.g. annual dinner meeting)

How did you hear about SSSGC? At Sunnyvale course SSSGC.org website
 From Friend/Member (if referred by a SSSGC member, please provide his name as he may be eligible for an award) _____
 Ad in paper Other _____

MAKE CHECK PAYABLE TO SSSGC. SEND THIS FORM AND CHECK TO:

**JUDD SMITH
1239 SARGENT DRIVE
SUNNYVALE, CA 94087**

<p>DO NOT FILL OUT - FOR SSSGC USE:</p> <p>CHECK #: _____</p> <p>AMOUNT: _____</p> <p>DATE: _____</p> <p>GHP. GHIN: _____</p> <p>SOCIAL ROSTER: _____</p>
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