



MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

PHONE: (HOME) _____ (WORK) _____

EMAIL ADDRESS: _____

HOW DID YOU LEARN OF OUR CLUB? _____

DO YOU KNOW ANY CURRENT CLUB MEMBERS? YES: _____ NO: _____

IF YES, NAME OF MEMBER(S): _____

DO YOU CURRENTLY BELONG TO ANOTHER CLUB? YES: _____ NO: _____

IF YES, NAME OF CLUB(S): _____

ARE YOU CURRENTLY A MEMBER OF THE NORTHERN CALIFORNIA GOLF ASSOCIATION (NCGA)? YES: _____ NO: _____ MEMBERSHIP #: _____

AVERAGE NUMBER OF ROUNDS PLAYED PER YEAR: _____

I, the undersigned, agree to abide by the rules and bylaws of the Sacramento Weekend Drivers Golf Club (the Club), and to assist the Club in any capacity to insure its success. This shall include, but not be limited to serving on the governing Board of Directors or assisting with other club functions. I understand that the Club is neither responsible nor liable for any injury, theft, or damage that may occur to others, any property, or myself. I therefore release the Club of any liabilities resulting in this manner.

SIGNATURE: _____ DATE: _____

SEND TO: Sacramento Weekend Drivers
7644 Bridgeview Drive
Sacramento, CA 95831