



Bob Lovely, President
Jay Haberl, Vice President
Ed Alves, Treasurer

Cape Cod Pro-Am Golf League MEMBERSHIP APPLICATION

I hereby apply for CCPAL membership for 2008 understanding that my application must be accompanied by a check in the amount of \$65.00 if received by April 14, 2008 (\$80.00 after April 15, 2008) payable to The Cape Cod Pro-Am League, Inc. 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:** _____

EMail: _____

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

Professionals must provide Social Security Number: _____

Amateurs must indicate GHIN Number _____

(The maximum index accepted for new members is 16.) You will not be permitted to participate in league events without a current GHIN index.

Date of Birth: _____ **Age:** _____ (to determine eligibility for Senior and Super Senior competitions)

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: _____

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Please mail to: CCPAL
P. O. Box 9
So. Yarmouth, MA 02664