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Cape Cod Pro-Am Golf League

2010 MEMBERSHIP APPLICATION

I hereby apply for CCPAL membership for 2010 understanding that my application must be accompanied by a check in the amount of \$80.00 if received on or before April 15, 2010. After April 15, 2010, the membership fee is \$100.00.

Please make check payable to The Cape Cod Pro-Am League, Inc., P. O. Box 9, South Yarmouth, MA 02664 (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:** _____

E-Mail: _____ **Date of Birth:** _____ (to determine age division)

[] 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.

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: _____