



Bob Miller, President

Al Lupis, Executive Director

Jay Haberl, Vice President

Ed Alves, Treasurer

Cape Cod Pro-Am Golf League

2012 MEMBERSHIP APPLICATION

I hereby apply for CCPAL membership for 2012 understanding that my application must be accompanied by a check in the amount of \$80.00 (\$100.00 after April 15, 2012) payable to The Cape Cod Pro-Am League, Inc., P. O. Box 1373, Harwich, MA 02645. 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: _____ Cell 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: _____ (for Player of Year division)

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. **Applications should be received by March 1st.**

Signature of Applicant: _____

