

Callippe Golf Club

Application for 2010 membership

First Name: _____ Last Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

E-mail: _____

Phone, home: _____

work: _____

mobile: _____

Gender: Male Female

Payment: \$99 NEW MEMBER - If you are a member of NCGA please enter
current GHIN No: _____

\$27 Jr. member (under 18 years on Jan. 1, date of birth req.: _____)

Check (make out to Callippe Golf Club or CGC)

I hereby apply for membership to the Callippe Golf Club, a nonprofit organization, and agree to be bound by all bylaws, rules and regulations of said club; and all agreements that have been entered into by said club as of the date of this application; and all the agreements that the board of directors and officers of said club enter into subsequent to the date of this application.

Signature: _____

Mail membership form with check to:

Callippe Golf Club

Attn: Ed Sarubbi

2840 Aptos Way

San Ramon, CA 94583

Find us online: **CallippeGolf.com**