

Callippe Golf Club

Application for 2020 Membership

First Name: _____ Last Name: _____

Address: _____

City, State, Zip: _____

E-mail: _____

Phone: Home: _____

Mobile: _____

Gender: Male Female

Payment: \$27 JUNIOR - Under 18 years on 01/01/20, date of birth required: _____

\$69 JUNIOR EXEC - Under 30 years on 01/01/2-, date of birth required: _____

\$94 RETURNING MEMBER

Must be a member in good standing of Callippe Golf Club in 2019.

Please include GHIN number here: _____

\$104 NEW MEMBER

If you already have or had a GHIN number, please include here: _____

By applying for membership to the Callippe Golf Club, a non-profit organization, you agree to be bound by all bylaws, rules, and regulations of the Club; and all agreements that have been entered into by the Club as of the date of this application; and all the agreements that the board of directors and officers of the Club enter into subsequent to the date of this application.

Signature: _____

Mail membership form with check made payable to Callippe Golf Club (CGC) to:

Callippe Golf Club

c/o Ray Fasnacht

423 Los Rios Ct.

Pleasanton, CA 94566

Find us online: **CallippeGolf.com**