

# Sunshine State Amateur Golfers Association, Inc.



## Affiliate Club Membership Application

### "MEMBERS ONLY"

Club Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Primary Club Officers:

Name: \_\_\_\_\_ Officer Title: \_\_\_\_\_

Name: \_\_\_\_\_ Officer Title: \_\_\_\_\_

Name: \_\_\_\_\_ Officer Title: \_\_\_\_\_

Name: \_\_\_\_\_ Officer Title: \_\_\_\_\_

Name: \_\_\_\_\_ Officer Title: \_\_\_\_\_

Name: \_\_\_\_\_ Officer Title: \_\_\_\_\_

Name: \_\_\_\_\_ Officer Title: \_\_\_\_\_

Name: \_\_\_\_\_ Officer Title: \_\_\_\_\_

### SSAGA Admission Criteria:

1. Club seeking membership into the SSAGA must have a minimum of eight (8) members on the roster at the time of admission.
2. Club must submit an annual Membership Roster providing each member's name, address, email address, and contact number.
3. If accepted into the SSAGA, each club is required to:
  - Have representation at all SSAGA official meetings.
  - Participate in SSAGA sanction tournaments.
  - Support the SSAGA Junior Golf Program or other SSAGA sanction charitable programs.
  - Satisfy affiliate club and individual annual fees.

# **Sunshine State Amateur Golfers Association, Inc.**

## **SSAGA Affiliate Club and Individual Fees:**

The annual affiliation club fee of \$300.00 must be submitted with this application by January 31<sup>st</sup>. An annual affiliation club fee (\$300.00) shall secure the clubs membership. The affiliate must pay an annual membership fee of \$15.00 for each of its individual members. Individual membership fees must be sent to the SSAGA by March 31<sup>st</sup> of each year.

I \_\_\_\_\_, President of \_\_\_\_\_  
(Print Name) (Print Club Name)

Submit this application with the full understanding of the SSAGA admission criteria and affiliate club fee (\$300.00) and hereby pledge to abide by the rules and regulations as approved annually by the Sunshine State Amateur Golfers Association, Incorporated (SSAGA).

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If the request for renewal of SSAGA affiliate club membership is not approved, all funds will be fully refunded to submitting club or person.

### **Please make check payable and mail application to:**

Sunshine State Amateur Golfers Association, Inc.

Post Office Box 210483

Royal Palm Beach, FL 33421

Email: ssagafla@gmail.com