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# CAVE CREEK MEN'S GOLF ASSOCIATION MEMBERSHIP APPLICATION

15202 North 19th Avenue • Phoenix, AZ 85023  
Phone 602-866-8076 • Fax 602-789-6473

DATE \_\_\_\_\_

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ BUS. PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_ ARE YOU A CURRENT CCMGA MEMBER? YES  NO

IF YOU ARE A CURRENT MEMBER OR HAVE BEEN A  
PAST MEMBER OF THE AZ GOLF ASSOCIATION,

IF YOU DO NOT HAVE A CURRENT AZHN NUMBER

PLEASE LIST A MINIMUM OF FIVE SCORES:

WHAT IS YOUR **AGA GHIN NUMBER**? \_\_\_\_\_  
WHAT IS YOUR **LOCAL NUMBER**? \_\_\_\_\_  
IF YOU HAVE A GHIN NUMBER FROM ANOTHER CLUB OR  
STATE, PLEASE LIST CLUB OR STATE \_\_\_\_\_  
AND NUMBER \_\_\_\_\_

If my membership is accepted I agree to abide by all the rules and decisions of the CCMGA. I understand that the Board of Governors has absolute authority to adjust my handicap. Tournament entry fees are not refundable or transferable. If I do not have an AGA or GHIN or have not listed a minimum of five scores, I understand that I will play to a zero handicap. All mail will be sent to the above listed address.  
I understand and agree to the above terms. Signed \_\_\_\_\_ Date \_\_\_\_\_