

Stone Creek Men's Golf Club 2022 Membership Application

Amount: _____

Activated: _____

For Office Use Only

Please fill out application **completely** and **legibly**. Incomplete applications delay membership and GHIN activation. Unsigned applications **will not** be activated, nor membership started.

Your e-mail is especially important since the Club leadership communicates **entirely** by e-mail.

Name (*Please print*): _____ GHIN: _____

Home Address: _____

City: _____ State: _____ ZIP Code: _____

*E-mail (*Please print*): _____

**Birthdate: ____/____/____ Cell/Phone Number: _____

(*Why this? GHIN requires a unique email for each player. **GHIN needs it to differentiate between similar names)

Dues: \$100 for the calendar year (No more late fee!)

For security's sake, please submit dues payments by check, money order, or similar (***but please not cash!***). ***SCMC is not responsible for lost cash payments.***

NOTE: Players who submit dues and/or applications March 1st or later may be denied play in SCMC games and majors until activation of their GHIN.

Questions? Please contact us at: **stonecreekmc@gmail.com**

Please refer to the SCMC Handbook and/or Bylaws for Club, Senior Club, and Super Senior Club Championship qualifications available on the SCMC website.

By signing this Application, the Member/Player acknowledges responsibility to access and read the SCMC Bylaws, Players Handbook, and the Handicap Policy. Members shall post all acceptable scores prior to midnight immediately following the day a game is played. The player also understands that all competitions shall be played in accordance with the USGA Rules of Golf unless announced otherwise. Members are expected to conduct themselves in accordance with the traditions and integrity of the game and show common courtesies and respect to other Members before, during, and after club activities. Player also acknowledges that a \$25 fee for NSF will be charged and their membership shall not be recognized until dues and NSF fee are paid in full.

Signature: _____

Please mail application and check for dues to: **SCMC PO Box 2273 Oregon City, OR 97045**