

*Southern California Mexican-American Golf Association*

**2019**

*New Membership Form*

Please fill out the information below and mail it along with your payment to Jim Ozbirn. THANK YOU!

Jim Ozbirn  
2117 Willowspring Place  
Encinitas, CA 92024

**PLEASE FILL OUT COMPLETELY**

MEMBERSHIP: \$75.00 New Member    Existing SCGA Number: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_                      INITIAL: \_\_\_\_

DATE OF BIRTH (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_                      Zip Code: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

HOME (      ) \_\_\_\_\_

WORK (      ) \_\_\_\_\_

CELL (      ) \_\_\_\_\_

Sponsor: \_\_\_\_\_

Occupation: \_\_\_\_\_

High School: \_\_\_\_\_    College: \_\_\_\_\_

Hobbies: \_\_\_\_\_

How long have you been playing golf? \_\_\_\_\_

Married: Y or N                      Children: Y or N                      How many: \_\_\_\_\_