SUN CITY MEN'S GOLF ASSOCIATION, INC.
2027 MEMBERSHIP APPLICATION

The Sun City Men's Golf Association (SCMGA) is a non-profit organization incorporated as such by the State of Arizona. Competition is scheduled every Wednesday at each of the seven 18-hole golf courses and at the 9-hole executive course, all of which are owned by the Recreation Centers of Sun City (RCSC).

Men who have a current RCSC card are eligible to join the Association.
New membership applications submitted after October 15, 2026 are good through December 31, 2027.
Renewal applications to be paid by January 1, 2027.
You must play Wednesday competition at the course where your handicap is kept.
Please pay by check, in U.S. currency only, made payable to the "SCMGA."

MEMBERSHIP APPLICANT

NEW MEMBERS: DO NOT MAIL IN THIS APPLICATION.
YOU MUST CONTACT YOUR COURSE MONITOR FOR THE REQUIRED ORIENTATION BRIEFING.

For the orientation, bring this completed application form, your Recreation Center membership card, and as many attested score cards as you have accumulated. To be eligible for Wednesday competition, a minimum of six 9-hole scores or three 18-hole scores are required to generate a handicap.

SCMGA Website: scmgaaz.org

GIVE YOUR COMPLETED APPLICATION AND CHECK TO COURSE MONITOR

CHECK BOXES THAT APPLY

			QUAIL RUN OR THURSDAY LEAGUE (ONLY)
☐ MEMBERSHIP RENEWAL	☐ 18 HOLE $50	☐ 9 HOLE $30	(QR fee on July 1 - $18)
☐ NEW MEMBER	☐ 18 HOLE $50	☐ 9 HOLE $30	(On Sept. 1 - $11)
(Reg. course fee on July 1 - $30; on Sept. 1 - $18)			
☐ COURSE TRANSFER	☐ $15 TRANSFER FEE		

FORMER COURSE:_____

PLEASE KEEP MY HANDICAP RECORD AT THIS COURSE

☐ SOUTH	☐ LAKES WEST	☐ QUAIL RUN
☐ NORTH	☐ RIVERVIEW	☐ WILLOWBROOK
☐ WILLOWCREEK	☐ LAKES EAST	

TEE PLAYED _____ (White, Red, Yellow)

MONITOR USE ONLY
Check# :_____
Date:_____

Circle Start Time Preference: Early, Late-Early, Early-Late, Late

Team #_____

THE INFORMATION BELOW TO APPEAR ON SCMGA RECORDS MUST BE THE SAME AS RCSC CARD.

NAME_____PHONE ( )_____
PRINT LAST NAME FIRST NAME

HOME ADDRESS_____ZIP CODE_____

STATE_____EMAIL ADDRESS_____

REC. CARD # _____EXPIRES_____

I, THE UNDERSIGNED, AGREE TO COMPLY WITH THE RULES, REGULATIONS, AND BY-LAWS OF THE ASSOCIATION.

SIGNED_____DATE_____