# 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)**

**Hour Preference** 1 2 3 4 **Team #**_____

**MONITOR USE ONLY**
**Check# :**_____
**Date:**_____

**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**_____