

### **PALM BEACH GCSA COMMERCIAL MEMBERSHIP APPLICATION**

Name of Applicant \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_ Home \_\_\_\_\_ Club or Company \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ Position: \_\_\_\_\_

**Past positions held (prior to current employment):**

From	To	Title	Place of Employment	City & State
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How can you contribute to this organization and the betterment of its members?

\_\_\_\_\_

List other related organizations in which you are a member: \_\_\_\_\_

Each application MUST be signed (Attested) by six Class A members of Palm Beach GCSA who thus certify to the reliability of the Applicants information as stated above.

1. _____	_____	_____	_____
Attestor (signature)	Typed/printed name		Date

2. _____	_____	_____	_____
Attestor (signature)	Typed/printed name		Date

3. _____	_____	_____	_____
Attestor (signature)	Typed/printed name		Date

4. _____	_____	_____	_____
Attestor (signature)	Typed/printed name		Date

5. _____	_____	_____	_____
Attestor (signature)	Typed/printed name		Date

6. _____	_____	_____	_____
Attestor (signature)	Typed/printed name		Date

I hereby make application to Palm Beach GCSA and agree to observe and abide by its by-laws.

Date of Application: \_\_\_\_\_ Signature: \_\_\_\_\_



For PBGCSA Office Use Only: Approved by: \_\_\_\_\_ Effective Date: \_\_\_\_\_