



Fairview Golf Club, Inc.

P.O. Box 3042
Boynton Beach, FL 33424
fairviewgolfclubwpb@gmail.com
www.fairviewgolfclub.org

APPLICATION for MEMBERSHIP

Date of Application: _____ Membership Application Fee: \$120.00

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Do you have Text Messaging? Y ___ N ___

Occupation/Profession: _____

Birth Month: _____ Day: _____ Male: _____ Female: _____

Other Interests/Hobbies: _____

Emergency Contact: _____ Phone No.: _____

CLUB INFORMATION

Handicap: _____ I am available to play with the Club (check all that apply):

Weekends: _____ Saturday _____ Sunday _____ Both _____

Weekdays: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

I am willing to work on the following committees (check all that apply):

_____ Junior Golf _____ Chapter Golf & Social Events _____ Membership _____ Scholarship

_____ SSAGA Tournament _____ Fund Raising _____ Hospitality & Benevolence _____ Public Relation

(Mail application with check payable to **Fairview Golf Club, Inc.** to: P.O Box 3042, Boynton Beach, FL 33424)