

**SOUTH CAROLINA COASTAL SENIORS**  
Return to Mark Shanley, SCCS Membership Director  
107 Nutmeg Way, Summerville, SC 29485

**2024/2025 SCCS MEMBERSHIP APPLICATION**

Please type or print clearly

Date \_\_\_\_\_

NAME \_\_\_\_\_  
(First) (MI) (Last)

FIRST NAME OR NICKNAME \_\_\_\_\_ WIFE'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
(Street # / Unit #)

\_\_\_\_\_, South Carolina \_\_\_\_\_  
(City / Town) (Zip Code)

E-MAIL ADDRESS \_\_\_\_\_ @ \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

Member must be a male amateur golfer, aged fifty years or older, and a current member of a golf club located within the SCCS geographical area of operation (from Hilton Head to the City of Charleston/Mt. Pleasant and west to the City of Orangeburg), that is approved and designated by the SCCS Board of Directors.

HOME COURSE \_\_\_\_\_ CITY \_\_\_\_\_

HANDICAP INFORMATION: GHIN # \_\_\_\_\_ SCGA/USGA Handicap Index \_\_\_\_\_

Slope \_\_\_\_\_ Current Home Course Handicap \_\_\_\_\_

Specify	BACK	(Men's Regular, approx. 6,000 yards)	_____
Tee	MIDDLE	(Men's Senior, approx. 5,500 yards)	_____
Preference	FORWARD	(Men's Super Senior, approx 5,000 yards)	_____

**(Must check one)**

Applicant must include a handicap established at your home course using the SCGA/USGA handicap system. After playing in a SCCS tournament, you will be assigned a South Carolina Coastal Seniors handicap for all future tournament play.

\_\_\_\_\_  
(Applicant Signature)

Application **MUST** be recommended by two active SCCS Members and/or one SCCS member and the club pro.

Recommended by: \_\_\_\_\_  
(Signature) (Print Last Name) (Home Course)

Endorsed by: \_\_\_\_\_  
(Signature) (Print Last Name) (Home Course)

Mail your completed application to the address in the letterhead, ATTENTION MEMBERSHIP DIRECTOR. Do not send money with the application.