SOUTH CAROLINA COASTAL SENIORS

Return to Jared Santangelo, SCCS Membership Director
169 Carolinian Drive, Summerville, SC 29485

2026/27 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 Tee Preference	**BACK**	**(Men's Regular, approx. 6,000 yards)**	_____
	MIDDLE	**(Men's Senior, approx. 5,500 yards)**	_____
	FORWARD	**(Men's Super Senior, approx 5,000 yards)**	_____

(Please 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)

Recommended by: _____ _____ _____
(Signature) **(Print Last Name)** **(Home Course)**

Option #1 - Mail your completed application and a check for $60 to:

Jared Santangelo
SCCS Membership Director
169 Carolinian Drive
Summerville, SC 29485.

Option #2 – Scan the application and send it to jaredsantangelo@gmail.com Please mail a check to the above address or send a payment via Zelle to sccs.membership1@gmail.com.