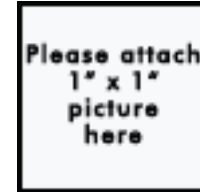




FEDERATION OF GOLF CLUBS PHILS., INC.

Senior Care Program



SIGNATURE

NAME OF MEMBER

SURNAME

1ST NAME

M.I.

Telephone No

Date of Birth

Address

Name of Spouse

Date of Birth

Club Membership

Type of Membership () Proprietary () Corporate () Others _____

Membership Acct. No. _____

Senior Care I.D. No. _____

** Please type or print all information

(For Federation's Use Only)