



# COPPERHEADS MEMBERSHIP APPLICATION



COPPERHEADS

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Name: \_\_\_\_\_

Company: \_\_\_\_\_ Recommended for Membership by: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Golf Club Memberships: \_\_\_\_\_

Handicap: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

College/University: \_\_\_\_\_

Graduation Date & Degree: \_\_\_\_\_

Hometown: \_\_\_\_\_ Bay Area Resident Since: \_\_\_\_\_

Spouse/Significant Other's Name: \_\_\_\_\_

Children's Names & Ages: \_\_\_\_\_

Community Involvement: \_\_\_\_\_

Please circle a Committee of interest:    Marketing/Advertising                      Sales                      Finance/Audit  
Community Relations              Volunteer                      Legal                      Charity/Celebrity                      Membership/Event

Why do you want to be a Copperhead? \_\_\_\_\_

Upon my acceptance to the Copperheads, I agree to meet the minimum membership requirements: paying annual dues of \$450, selling a minimum of \$2,500 of individual tickets and volunteering a minimum of 6 hours during the Tournament.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a short bio with this application and fax to 727-937-6599 or mail to Copperhead Charities, 36750 US 19 North, Palm Harbor, FL 34684.