



COPPERHEADS MEMBERSHIP APPLICATION



Name: _____

Company/Title: _____ 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 \$500, selling a minimum of \$3,000 of individual tickets and volunteering a minimum of 6 hours during the Tournament.

Signature: _____ Date: _____

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