



**CLUB MANAGERS ASSOCIATION OF AMERICA
ALABAMA CHAPTER
MEMBERSHIP APPLICATION**

Name of Applicant: _____ Club Name: _____

Home Address: _____ Phone: _____

Club Address: _____ Phone: _____

E-mail Address: _____ Fax: _____

Date Started at Current Club as Manager: _____ Date of Birth: _____ Sex: _____

Position at Club: _____ Spouse's Name: _____

Type of Club: ___ Golf ___ Country Club ___ Athletic ___ University ___ Military ___ Other
CMAA Member: ___ Yes ___ No How Long: _____ CMAA Number: _____
CCM: ___ Yes ___ No MCM: ___ Yes ___ No CHE: ___ Yes ___ No

Education & Training: Degree: ___ Yes ___ No **University:** _____

Previous Clubs Worked at (Please list below)

Position Held at Club Listed

Signature of Applicant: _____ **Date:** _____

CHAPTER USE ONLY (below)

Approved Sponsors:

Mr. Chris Graham, CCM

Shoal Creek Golf Club
100 New Williamsburg Dr.
Shoal Creek, AL, 35242

Chapter Annual Dues \$ 200.00 and must be paid before National dues when joining CMAA for the first time.
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