

SOUTH CAROLINA COASTAL SENIORS
Return to Herb Brown, SCCS Membership Director
2635 Colonel Harrison Drive, Johns Island, SC 29455

2026/2027 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	BACK	(Men's Regular, approx. 6,000 yards)	_____
Tee	MIDDLE	(Men's Senior, approx. 5,500 yards)	_____
Preference	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:

Herb Brown
SCCS Membership Director
2635 Colonel Harrison Drive
Johns Island, SC 29455.

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