

**SHORECLIFFS WOMEN'S GOLF CLUB**  
**2018 MEMBERSHIP AND MEMBERSHIP RENEWAL APPLICATION**  
**DUE October 15, 2017 - DELINQUENT November 1, 2017**

NAME \_\_\_\_\_  
 (Please print) Last First Middle Initial

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ Zip \_\_\_\_\_ APT. # \_\_\_\_\_

GHIN# \_\_\_\_\_ EMAIL \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ / \_\_\_\_\_ SPOUSE \_\_\_\_\_  
 Month Day

HOME PHONE(\_\_\_\_\_) \_\_\_\_\_ CELL(\_\_\_\_\_) \_\_\_\_\_

**\*\*ALL FEES ARE NON-REFUNDABLE\*\***  
**Please make checks payable to : Shorecliffs Women's Golf Club**

____ Shorecliffs individual member	\$55.00
____ SCGA	36.00
<b><u>Total current member.....</u></b>	<b><u>\$91.00</u></b>
New member's hole in one insurance	2.00
<b><u>Total new applicant.....</u></b>	<b><u>\$93.00</u></b>

**Publinks 2018 Membership (If you wish to join \$20.00**  
**Publinks, add the \$20 OPTIONAL amount to your**  
**Dues total).**

MEMBER  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CLUB USE ONLY: CASH AMT. \_\_\_\_\_ CHECK # \_\_\_\_\_ AMT. \_\_\_\_\_

MEMBERSHIP: DATE RECEIVED \_\_\_\_\_ BY: \_\_\_\_\_

TREASURER: DATE RECEIVED \_\_\_\_\_ BY: \_\_\_\_\_

SEND CHECKS TO Treasurer, Terry Moher 32041 Via Flores, San Juan Capistrano, CA 92675  
 Ph: 949-466-8453