

**SHORECLIFFS WOMEN'S GOLF CLUB
2018 MEMBERSHIP AND MEMBERSHIP RENEWAL APPLICATION**

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
<u>Total current member.....</u>	<u>\$91.00</u>
New member's hole in one insurance	2.00
<u>Total new applicant.....</u>	<u>\$93.00</u>

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

MEMBER SIGNATURE _____ DATE _____

CLUB USE ONLY: CASH AMT. _____ CHECK # _____ AMT. _____

MEMBERSHIP: DATE RECEIVED _____ BY: _____

TREASURER: DATE RECEIVED _____ BY: _____

SEND CHECKS TO MEMBERSHIP: Linda Barry, 2216 Calle Opalo, San Clemente 92673 or
 Vicky Vieley 295 Calle Cuervo, San Clemente 92672