

**SHORECLIFFS WOMEN'S GOLF CLUB
2019 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 2019 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 MEMBERSHIP: Linda Barry, 2216 Calle Opalo, San Clemente 92673