SHORECLIFFS WOMEN'S GOLF CLUB
2021 MEMBERSHIP

NAME_____
Last First MI

ADDRESS_____

CITY_____ZIP_____APT.#_____

GHIN #_____EMAIL_____

BIRTH DATE_____/_____SPOUSE_____
mo. day

CELL PHONE(_____)_____HOME PHONE(_____)_____

PLEASE MAKE CHECKS PAYABLE TO: SHORECLIFFS WOMEN'S GOLF CLUB.

___Total Shorecliffs individual membership ---------- **$ 55.00**

___Total new member's hole in one insurance ---------- **$ 2.00**

___ Total new member ---------- **$ 57.00**

NOTE: You must have a current membership with SCGA to be a member

MEMBER'S SIGNATURE_____

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

MEMBERSHIP: DATE RECEIVED:_____BY:_____

TREASURER: DATE RECEIVED:_____BY:_____

SEND CHECKS TO MEMBERSHIP:
Terry Bayless, 31911 Paseo Sagrado, San Juan Capistrano CA 91675