MURRIETA MEN'S GOLF CLUB

2010 MEMBERSHIP APPLICATION

YOUR NAME _____

SPOUSE FIRST NAME _____

ADDRESS _____

CITY _____ STATE __ __ ZIP __ __ __ __ __

TELEPHONE (__ __ __) __ __ __ - __ __ __ __

E-MAIL ADDRESS _____

SCGA NUMBER: __ __ __ __ __ __ __ BIRTHDAY __ __ / __ __ / __ __
M M D D Y Y

NEW MEMBER ☐ RENEWAL ☐

Membership is January 1st thru December 31st.
Dues are payable on or after Oct 1st and must be in to Jim Rosa by Dec 15th.
Make your check for $55.00 payable to: M.M.G.C.

Send check and application to:

Jim Rosa
33105 Jan Cir
Menifee, CA 92584-8742

(951) 830-7807
jrosa77838@aol.com

FOR MEMBERSHIP CHAIRMAN USE ONLY

Check ____ Cash ____ Amount _____

Check No. _____ Date received _____