

Murrieta Valley Lads Golf Club

MEMBERSHIP APPLICATION

YOUR NAME _____

SPOUSE'S NAME _____

ADDRESS _____

CITY _____ STATE ____ ZIP _____

HOMEPHONE (____) _____ - _____

CELLPHONE (____) _____ - _____

E-MAIL ADDRESS _____

GHIN NUMBER: _____ BIRTHDAY / /
(if any) M M / D D / Y Y

Membership is one year from the time you join.

Make your check for \$40.00 payable to: **MVL**

NOTE: Do not staple your check to this application.

Send check **and application** to:

Roger Cude
PO BOX 1845
Temecula, CA 92593-1845
(951) 695-0517
murrieta-valley-lads@gmail.com

FOR MEMBERSHIP CHAIRMAN USE ONLY

Check ____ Cash ____ Amount _____

Check No. _____ Date received _____