

LOS VERDES SENIORS GOLF CLUB
Membership Application Form
MAIL TO MEMBERSHIP CHAIRMAN

I, _____ (Please Print)
wish to be considered for membership in the LOS VERDES SENIORS GOLF CLUB.
I agree to abide by all the Club's rules and by-laws and to conduct myself as a
golfer in such a manner that will reflect credit to the Club.

Address _____
_____ Zip _____

Date of Birth _____

Home Phone _____

Cell Phone _____

Present Club Affiliation _____

Handicap Index _____ SCGA GHIN# _____

Signature _____ Date _____

E-Mail _____

INCLUDE CHECK FOR ANNUAL DUES OF \$20.00 MADE OUT TO:

LOS VERDES SENIORS GOLF CLUB

MAIL TO:

TOM MCGARRY, 523 NORTH PROSPECT AVENUE, REDONDO BEACH, CA 90277

Date Received _____

Comments _____