Vista Valencia Senior Men's Golf Club



	Renewal	New Membership
NAME:		
ADDRESS:		
CITY:		
STATE: _	ZIP:	:
HOME PHO	ONE:	CELL PHONE:
DATE OF B	IRTH: (Month/Day/Year)	/
E-MAIL AD	DRESS:	
SCGA GHI	N NUMBER (IF AVAILABI	LE):
CHECK NU	MBER:	AMOUNT: \$
DATE	APPLICANT'S SIGNATURE	
> YOU N	IUST BE AT LEAST 55 YE	EARS OF AGE
		E NO LATER THAN <u>DECEMBER 31ST</u> P & \$36 SCGA MEMBERSHIP)

- > DUES MUST BE PAID TO BE ELIGIBLE TO PLAY IN TOURNAMENTS
- > PLEASE COMPLETE THIS ENTIRE FORM

MAIL THE FORM AND PAYMENT TO:

- 1. GARY HALLDEN 21958 PARVIN DR. SANTA CLARITA, CA. 91350
- 2. PLACE THE FORM AND PAYMENT IN OUR WOODEN MAIL BOX INSIDE THE PRO SHOP AT VISTA VALENCIA G.C.

FOR MORE INFO CONTACT: GARY HALLDEN, MEMBERSHIP CHAIRMAN, AT 661 993-0521 OR gah4golf@yahoo.com / OUR WEBSITE IS AT www.vvsmgc.com