



## Membership Application

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ E-mail: \_\_\_\_\_

Prior Club: \_\_\_\_\_ Ghin#: \_\_\_\_\_

Prior Club#: \_\_\_\_\_ Handicap: \_\_\_\_\_

Fee: \$90.00 Before 12/01/07

\$110.00 After 12/01/07

MIGC MEMBERSHIP  
1800 CLUB DR.  
MARE ISLAND, CA. 94592

Membership Expires 12-31-2008

Payment Type

CASH

CHECK

\_\_\_\_\_  
Player Signature

\_\_\_\_\_  
Date paid

