

THE SEQUOIANS

APPLICATION FOR MEMBERSHIP

() Playing Member \$60.00 Member of another club? _____

() Social Member \$10.00 Home Course _____

Name _____

Mailing Address _____

Street Address _____

Phone _____ Current Index _____ () WNHGA

() GHIN

() OTHER

E-Mail _____

Spouse's first name _____

Please mail this form with your check to: The Sequoians
P.O. Box 695
Arnold, CA. 95223
Attn: Membership Chair

-or-

Place this form and your check in the Membership Chairman's folder in
the pro shop

(below line to be completed by membership chair only)

DATE

APPLICATION RECEIVED: _____

CHECK RECEIVED: _____

COPY ROUTED TO: _____

Treasurer _____

Handicap Chair _____

Secretary _____

Captain _____