



WEST SACRAMENTO GOLF CLUB MEMBERSHIP APPLICATION 2010



Mission Statement: *Our Mission is to not only help bring golf back into West Sacramento, but to also provide a valuable service to the West Sacramento community by organizing golf tournaments, educating the community of the benefits of sports and emphasize community involvement.*

Name:	
Email:	
Home Address:	
Home Phone Number:	
Cell Phone Number:	
Birthdate: ____/____/____ (this information is required by the NCGA for your handicap)	
If working in Sacramento, please include the following:	
Company Name:	
Title/Position:	
Work Address:	
Work Phone Number:	
WSGC Membership Dues	
<input type="checkbox"/> Membership Fee*:	\$ 75.00
<input type="checkbox"/> I would like a golf shirt	\$ 25.00
<i>Please circle shirt size: S, M, L, XL, XXL, XXXL (shirt runs very big)</i>	
TOTAL AMOUNT ENCLOSED:	\$ _____
GHIN # _____ (if you already have one)	

Applicants Signature: _____ Date: _____

How did you hear about the WSGC? _____

How long have you been playing golf? _____

What courses would you like to play? _____

Steps to submit your application:

1. Fill out and sign this form
2. Provide your payment for the 2010 Calendar Year dues.

Please make check payable to:
WEST SACRAMENTO GOLF CLUB

And send along with this form to:
**Member Services
West Sacramento Golf Club
3895 Rollins Court
West Sacramento, CA 95691**

**If you have any questions regarding membership, please contact
Phil , Club President at 916-919-3148 or membership@westsacgolfclub.com**

**Membership is through December 31, 2010*