

*The Rancho Bernardo Inn
Men's Golf Club*



*P.O. Box 28074
San Diego, CA 92198-0074*

**THE RANCHO BERNARDO INN MEN'S GOLF CLUB
MEMBERSHIP APPLICATION**

Date: _____

Last Name: _____ First: _____ Middle: _____

Address: _____ Apt. or Suite: _____

City: _____ State: _____ Zip Code: _____

Home Phone (with area code): _____ Date of Birth: _____

E-Mail Address (won't be made public): _____

Membership Type (please check one): FULL _____ ASSOCIATE _____

SCGA Status: Are you a Transfer from another club or a Reinstated member? Yes _____ No _____

If "Yes", please provide your SCGA / GHIN membership information (if known):

SCGA / GHIN Member Number: _____ Current Index: _____

Are you a member of JC Golf or the RB Inn's Resort Club: Yes ___ No ___

Dues Enclosed: \$ _____ (Based on Membership Type – Full: \$105; Associate: \$70)
(Please make your check payable to "Rancho Bernardo Inn Men's Golf Club")

Your signature (required): _____

Did a current RB Inn Men's Golf Club member suggest or recommend that you join the Men's Golf Club? Yes _____ No _____

If "Yes", please provide member's name: _____

Please mail this application form, along with your check, to:

The Rancho Bernardo Inn Men's Golf Club
P.O. Box 28074
San Diego, CA 92198-0074

For additional information regarding the Rancho Bernardo Inn Men's Golf Club, please contact Tom Smith at (858 217 6278) or e-mail him at tnsmith@hotmail.com.

SUBJECT TO BOARD APPROVAL