

*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**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. or Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone (with area code): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Application for FULL Membership in the Club. Annual Dues: \$110.00

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

If "Yes", please provide your SCGA / GHIN membership information:

SCGA / GHIN Member Number: \_\_\_\_\_ Current Index: \_\_\_\_\_

If you Do Not have a SCGA/GHIN Member Number or Do Not have an established golf index/handicap, please submit with your application signed scorecards from three (3) recently played rounds of golf.

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

Dues Enclosed: \$ \_\_\_\_\_ (Full-Time Member - \$110)

(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 and (if needed) scorecards, to:**

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For additional information regarding the Rancho Bernardo Inn Men's Golf Club, please contact Jerry Canning at (619) 252-1450 or e-mail him at [jerry.canning@cox.net](mailto:jerry.canning@cox.net)

**ALL APPLICATIONS ARE SUBJECT TO BOARD APPROVAL**