

MABUHAY GOLF CLUB
MEMBERSHIP APPLICATION

Name of Applicant: _____

Address: _____

Residence Phone No.: _____ Cell Phone No.: _____

Date of Birth: _____ E-mail: _____

Name of Spouse (if applicable): _____

Employer: _____

Business Address: _____

Business Phone No.: _____ Type of Business: _____

Do you have an NCGA/GHIN card? (YES/NO) If so, please provide the number and the association:

Mabuhay Golf Club Sponsors (Two members in good standing):

1) _____ 2) _____

I hereby apply for membership in the Mabuhay Golf Club. If admitted, I will abide by its by-laws.

Applicants Signature:

Date:

Please send this form with a check (payable to the Mabuhay Golf Club) for \$125 (per person) to:

Gerry Sy
MGC Membership Chairman
79 Saint Francis Square
Daly City, CA 94015
(650) 992-9988

Membership Committee Action: Approved (___) Disapproved (___)

Committee Chairman's Signature:

Date:

Committee Member's Signature:

Date:

Committee Member's Signature:

Date:

President's Signature:

Date:
