

**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:

**Mabuhay Golf Club**  
**3210 Revere Ave**  
**Oakland, CA 94605**

Membership Committee Action:    Approved (\_\_\_)    Disapproved (\_\_\_)

Committee Chairman's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Committee Member's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Committee Member's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

President's Signature: \_\_\_\_\_

Date: \_\_\_\_\_