

Tilden Park Golf Club
MEMBERSHIP APPLICATION

PLEASE PRINT

LAST NAME	FIRST NAME	MI	NICKNAME

ADDRESSES				
HOME		BUSINESS		
STREET		COMPANY		
CITY	STATE	STREET		
ZIP	PHONE	CITY	STATE	ZIP
OCCUPATION		PHONE		

I PREFER THAT MAIL BE SENT TO MY: HOME ____ BUSINESS ____

EMAIL ADDRESS _____

OTHER GOLF CLUB MEMBERSHIP(S) _____

DO YOU BELONG TO AMERICAN GOLF CLUB? YES: ____ NO: ____

DO YOU HAVE A GHIN NUMBER? YES: ____ NO: ____

IF YES: GHIN NUMBER _____ PRESENT INDEX: _____ DATE: _____

BIRTH DATE: (JR. MEMBERS MUST BE BETWEEN 12 & 18 YEARS OLD) _____

WHEN COMPLETED, MAIL TO:

TILDEN PARK GOLF CLUB
 LEONARD PYTEL, SECRETARY
 15 CARMEL AVENUE
 EL CERRITO, CA 94530-4112
 TEL: (510) 526-1908 FAX: (510) 525-9084

DO NOT SEND DUES PAYMENT. YOU WILL BE BILLED AFTER THE SECRETARY COMPUTES THE DUES OWED.
 _____ (REMAINDER OF FORM IS FOR CLUB SECRETARY USE ONLY) _____

APP REC'D	WAIT LTR	ACCEP LTR	DUES AMT	DUES REC'D
UP DATE	ROSTER	MAIL LABELS	FILE CARD	COMPUTER
MAIL	TOURNEY SCHED	LOCAL RULES	H'CAP INFO:	OFF. LIST

Approved by Secretary: _____ Date: _____