

# 2019 OLD BROCKWAY PLAYERS CLUB MEMBERSHIP



NAME (Please Print):

Mr / Mrs / Ms \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

## Players Club 2019 Membership:

\$250.00 NONTRANSFERABLE

Please fill out and return this membership form, with payment of \$250.00 per person, prior to opening day.

## MAKE CHECKS PAYABLE AND RETURN TO:

**OLD BROCKWAY GOLF COURSE**

P.O. Box 1269 Kings Beach, CA 96143

(530) 546-9909

## **Please complete:**

CREDIT CARD ORDER:    VISA    MC

ACCOUNT # \_\_\_\_\_ EXPIRES \_\_\_\_\_

SIGNATURE \_\_\_\_\_