



# MEMBERSHIP APPLICATION

Thank you for taking an interest in becoming a member of the Pendleton Ladies Golf Club (PLGC) at Marine Memorial Golf Course - Camp Pendleton. We have two types of membership.

1. **REGULAR:** Members of the Armed Forces (Active Duty, Retired or Active Reservists, and their Dependents) and non-military individuals. Regular Members participate in PLGC's weekly competitions and tournaments.
  2. **ASSOCIATE:** Anyone who wishes to *only* maintain a handicap.
- ❖ Membership dues for **new Regular Members** are \$60.00 if received by March 31<sup>st</sup>, \$50.00 by June 30<sup>th</sup>, \$40.00 by September 30<sup>th</sup>, and \$30.00 by December 31<sup>st</sup>.
  - ❖ Membership dues for **Associate Members** are \$30.00.
  - ❖ All Regular and Associate memberships include the \$20.00 annual fee for a Golf Handicap Index Number (GHIN) through the San Diego County Women's Golf Association (SDCWGA).
  - ❖ Annual **renewals** are due on November 15 of each year and cover the calendar year of January to December.

Please provide the information below and, upon completion, mail with your check payable to **PLGC** to:  
**Carolyn Hogan, Treasurer • 3709 Clove Way • Oceanside, CA 92057**

For additional information contact Brenda Batali Cell 509-952-5212 HM 760-231-5537 [brenda@batali.com](mailto:brenda@batali.com)

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|--|---|---|---|
| Select Type of Membership<br><input type="checkbox"/> REGULAR <input type="checkbox"/> ASSOCIATE |   | Do you have an existing handicap number/GHIN?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |   |
| Date of Birth<br>MONTH:                      DAY OF MONTH:                                       |   | If yes, provide your Handicap Number/GHIN and Club Membership.<br>GHIN:                      CLUB:        |   |
| Last Name  |   | First Name  |   |
|  |   | Middle Initial  |   |
| Street/Mailing Address   |   | City  | Zip                                       |
| Contact Numbers<br>HOME:   |   | CELL:   | WORK:                                     |
| Email Address  |   |   |   |
| <b>Following Information to be Completed by Military Personnel and Their Dependent Only</b>      |   |   |   |
| Select One   |   |   |   |
| <input type="checkbox"/> ACTIVE DUTY   | <input type="checkbox"/> RETIRED MILITARY               | <input type="checkbox"/> ACTIVE RESERVE   | <input type="checkbox"/> DEPT. OF DEFENSE |
| <input type="checkbox"/> DEPENDENT   | <input type="checkbox"/> OTHER Please explain:<br>_____ |   |   |
| RANK:  |   | BRANCH OF SERVICE:  |   |

I agree to abide by the Rules and Regulations of the PLGC. I understand that acceptance of membership is at the sole discretion of the PLGC Executive Board.

Signature \_\_\_\_\_

Date \_\_\_\_\_