

**VALLEY OAKS GOLF CLUB
MEMBER/HANDICAP
APPLICATION**

NAME: _____

ADDRESS: _____

CITY: _____ **ST.** _____ **ZIP** _____

DAY PHONE: _____ **EVE.#** _____

GHIN # _____

MEMBER LAST YEAR? YES NO

BIRTHDATE IF JUNIOR: _____

E-MAIL: _____

**PAYMENTS IN CHECK ONLY TO:
VALLEY OAKS GOLF CLUB
1800 S. PLAZA DR.
VISALIA, CA. 93277**

**NEW MEMBER: \$65.00
RENEWAL MEMBER: \$55.00
JUNIOR MEMBER: \$6.00**

NOTE: ALL APPLICATIONS WILL BE REVIEWED AT THE NEXT BOARD MEETING, WHICH TAKES PLACE ON THE FIRST WEDNESDAY OF EACH MONTH. ALL APPROVED APPLICANTS WILL BE NOTIFIED BY MAIL WITHIN 5-10 DAYS AFTER THE MEETING.