

Table Mountain Golf Club, Inc. Oroville, CA 95965

Oroville, CA 95965 TEL: 530-533-3922 FAX: 530-533-0550 www.tablemountaingolf.com

			TCAT		
	MEMBERSI			MEMBER #	
	APPLI	CANT INFORMAT	ION		
Name:					
CDL#	SSN:			Phone:	
Current address:					
City:	State:			ZIP Code:	
	EMPLO	YMENT INFORMA	TION		
Employer address:		Occupation: How Long Employed:			
Phone:	Done:				
City:	State:			ZIP Code:	
	FAM	ILY INFORMATIO	N		
Spouses Name:					
Children's Name:	Children's	Children's Name:			
Children's Name:	Children's	Children's Name:			
Children's Name:					
		SHIP FEE IS EE IS NONREFUND		0	
	ТҮР	E OF MEMBERSH	IP		
TYPE OF MEMBERSHIP DESIRI	ED:				
Single Golf Monthly		\$125.00			
Family Golf Monthly	\$185.00	\$185.00			
Family + 1 Golf Monthly	\$210.00	\$210.00			
Family + 2 Golf Monthly	\$240.00				
Note: One month dues and me living at home or still pursuing					
I agree to comply with and be bou understand that resignations must		ations now in effect a	nd as they are	changed during my m	nembership. I also
			PLEASE	INITIAL	
Signature of applicant:				Date:	
Office use only:					