



Charter Member of Western States Golf Association 1953

2009 Membership Application

Please mail your completed Application and Fees to: **Vernoncrest Golf Club**

P.O. Box 78994 Los Angeles, CA 90016 Attn: Kathy Gardner, Membership Chair

New & Renewing Members: *(please keep our records current by completing this form).*

Name: _____
Last First Nickname

Address: _____
Street Unit City Zip

Phone: _____
Home Work Cell Fax

Birthday: _____ **Email:** _____
Month Day

Current & Former Golf Club Affiliations: _____

Handicap: _____ Number of Years Playing Golf _____

I, _____, wish to be considered for membership into the Vernoncrest Golf Club Inc. I am willing to abide by the club's Constitution and Bylaws, and to conduct myself in a manner that will always protect the integrity of the club and display good sportsmanlike behavior.

Requirements for Acceptance:

- A. Agree to play both par and regulation golf courses with members.
- B. Agree to participate in and support Vernoncrest golf Club Activities
- C. Agree to abide by the Constitution and By-Laws of VGC

CHECK ONE: \$130 New Members \$55 Associate Member *
 \$105 Renewing members \$ 0 Juniors
 \$130 Renewing After 1 Year Absence

* Must have membership in another WSGA Club

Signature: _____ Date: _____

Sponsored By: _____ Date: _____

Membership Chair: _____ Handicap Chair: _____

President: _____ Date Accepted: _____

Please make checks payable to **VERNONCREST GOLF CLUB**