



****For Office Use Only****

Member# _____

NCGA# _____

NCGA# _____

Prepaid Annual - Y N

Date _____

Emp _____

M F

Membership Application

Name(1) _____ Birth date (mm/dd/yr) ____/____/____

Name(2) _____ Birth date (mm/dd/yr) ____/____/____

Address _____ City _____

Zip _____ EMAIL (please print) (1) _____
(2) _____

Home Phone (____) _____ Business Phone (____) _____

Cell Phone(1) (____) _____ Cell Phone(2) (____) _____

NCGA(1) – Yes/No (circle one) NCGA # _____

NCGA(2) – Yes/No (circle one) NCGA # _____

Membership Categories:

(Please Circle Choice)

Seven Day Annual Single (\$155.00 per Month) Couple (\$260.00 per Month)

Monthly Power Cart Single (\$90.00 per Month) Couple (\$160.00 per Month)

Junior Membership (18-25 years) (\$100.00 per Month)

Youth Membership (17 years and under) Single (\$500 per year)

Players Card with NCGA (\$185) without NCGA (\$110)

Signature: _____

Date: _____

Signature: _____

Date: _____

COMPLETE INFORMATION BELOW ONLY IF MAILING APPLICATION AND PAYING BY CREDIT CARD

Make Checks Payable to:

Pajaro Valley Golf Club
967 Salinas Rd
Royal Oaks CA 95076-5429

For Visa, M/C, Discover, or Amex Payments:

Acct# _____

Exp (mm/yy) ____/____ CVV2 Code _____

Signature _____