

Pro Duffers West Golf Club
P O BOX 5976, OXNARD, CA 93031

Membership Application

DATE: _____

Last Name: _____

First Name: _____

Street Address: _____

City: _____ **Zip Code:** _____

Home Phone: _____

E-Mail: _____

Occupation (Or Retired): _____

Business Name and Address (Or Retired): _____

Work Phone: _____ **Cell Phone:** _____

Spouse's Name: _____ **Handicap?** _____

Or Avg Score: _____ **Submit five or more score cards (#):** _____

List the Pro Duffer West Club Member(s) you are acquainted with below:

- | | |
|----------------------|-------------------------|
| 1. Name _____ | How Long?: _____ |
| 2. Name _____ | How Long?: _____ |
| 3. Name _____ | How Long?: _____ |

Please forward application with membership fee to above address

"Let's Play Together, Obey the Rules and Have Fun"