

PHONE NO. _____ Spouse/Partner _____

EMAIL ADDRESS _____

Spouse/Partner

EMAIL ADDRESS _____

RESIDE IN: Phase II _____ Phase III _____ Phase I _____

CURRENT USGA HANDICAP* (M) _____ (F) _____

GHIN NUMBER (M) _____ (F) _____

*YOU MUST HAVE A CURRENT AWGA OR AGA HANDICAP

ATTACH YOUR CHECK, MADE PAYABLE TO PVCL, TO THIS APPLICATION AND DEPOSIT IT IN THE
TREASURER'S BOX IN THE PRO SHOP MEMBERSHIP FEES DUE PRIOR TO YOUR 1ST DAY OF PLAY 2019

QUESTIONS? CONTACT MARSHA DEUEL, TREASURER -480-828-6581 EMAIL: rmdeuel3@gmail.com