PALO VERDE COUPLES GOLF LEAGUE 2026/2027 MEMBERSHIP APPLICATION

PLEASE COMPLETE THIS APPLICATION IN FULL

Our calendar year runs from November1 - October 31.

You may renew your Membership starting October1

TYPE OF MEMBERSHIP (check one): NEW MEMBER _____ RENEWAL _____

MEMBERSHIP FEE: **$10.00 PER PERSON (before Nov 1)**

$ .00 PER PERSON (if you are 85 or older in 2026) Date of Birth: _____

$5.00 PER PERSON for Hole-in-One members (New Members only)

TOTAL PAID: **$_____**

Please Print

NAME: _____

(last) (first)

HOLE-IN-ONE **Yes_____ No_____**

SPOUSE/PARTNER _____

(last) (first)

HOLE-IN-ONE **Yes_____ No_____**

ADDRESS: _____

PHONE NO. _____ **Spouse/Partner** _____

EMAIL ADDRESS _____

Spouse/Partner

EMAIL ADDRESS _____

RESIDE IN: **Phase II _____** **Phase III _____** **Phase I_____**

GHIN NUMBER **(M) _____** **(F) _____**

***YOU MUST HAVE A CURRENT AWGA OR AGA HANDICAP. ATTACH YOUR CHECK, MADE PAYABLE TO PVCL. COMLETE THIS APPLICATION IN FULL & DEPOSIT IT IN THE TREASURER'S BOX IN THE PRO SHOP MEMBERSHIP FEES DUE PRIOR TO YOUR 1ST DAY OF PLAY**

QUESTIONS? CONTACT Colleen Mitchell, TREASURER -480-220-2252 EMAIL: collmit@aol.com