

**CIMARRON MEN'S GOLF CLUB MEMBERSHIP FORM**

Name: \_\_\_\_\_

Last First Initial

Date: \_\_\_\_\_ Expires \_\_\_\_\_

Mo. Day Yr. Year

**PERMANENT ADDRESS:**

\_\_\_\_\_  
Street, City

\_\_\_\_\_  
State Zip

LOCAL ADDRESS (if different):

\_\_\_\_\_  
Street, City

\_\_\_\_\_  
State Zip

**I want my SCGA information to be sent to my (permanent) (local) address. (Circle one)**

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SCGA#: \_\_\_\_\_ (if you already have one)

\_\_\_\_ Enclosed is my check made out to Cimarron Men's Golf Club for \$75

**PLEASE INDICATE IF YOU NEED AN SCGA NUMBER**

YES \_\_\_\_\_ NO \_\_\_\_\_

**Please bring to a Tuesday golf day by 7:00 a.m. or send to:**

**Cimarron Men's Golf Club**

55498 Firestone

La Quinta, CA 92253