

2024 OLD BROCKWAY PLAYERS CLUB MEMBERSHIP

NAME (Please Print):

Mr / Mrs / Ms _____

MAILING ADDRESS _____

PHONE NO. _____

CITY/STATE _____

ZIP CODE _____

EMAIL ADDRESS _____

Players Club 2024 Membership:

\$300 NONTRANSFERABLE

Please fill out and return this membership form, with payment of \$300 per person, prior to opening day.

MAKE CHECKS PAYABLE AND RETURN TO:

OLD BROCKWAY GOLF COURSE

P.O. Box 1269, Kings Beach, CA 96143

(530) 546-9909

Please complete:

CREDIT CARD ORDER:

VISA

MC

CVV # _____

ACCT # _____

EXPIRES _____

SIGNATURE _____

