



2010 GOLF CLUB @ LONGBOW MEMBER APPLICATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ BUSINESS PHONE _____

RENEW _____ NEW _____ REFERRED BY _____

OCCUPATION _____

*E-MAIL ADDRESS _____

* Optional, however, addresses are used as a communication tool to provide updates and event information.

I CURRENTLY HAVE AN AGA HANDICAP AND WISH TO TRANSFER OVER TO LONGBOW GOLF CLUB.

MY AGA NUMBER IS _____ FORMER CLUB _____

I NEED TO ESTABLISH A 2010 AGA MEMBERSHIP AND HANDICAP.

**FEES: \$140 Renewal prior to January 1, 2010 (present 2009 GC@LB Members)
\$160 on or after January 1, 2010 (New or Non-Renewed 2009 GC@LB Members)**

PLEASE RETURN COMPLETED APPLICATION WITH FEE TO LONGBOW GOLF CLUB.

NOTE: FEE INCLUDES 2010 AGA HANDICAP.

METHOD OF PAYMENT

CASH

CHECK

CREDIT CARD TYPE _____ NUMBER _____ EXP. _____
(American Express, Visa, Mastercard)

SIGNATURE _____

5601 E. LONGBOW PARKWAY
MESA, AZ 85215
(480) 807-5400
Fax (480) 807-2576
www.LONGBOWGOLF.com