

2019 Membership Application
Rose City Men's Club
(please print clearly)

Name: _____
Last First Initial

Address: _____
City State Zip

Phone:(_____) _____ ***Cell Phone:**(_____) _____

***E-Mail:** _____ **Age:** _____

*Current contact information (cell phone and e-mail) is important should the Tournament Committee need to contact you for any reason.

GHIN #: _____ - _____

(Please make sure your name matches exactly with the OGA system.)

Dues:

\$ 75.00 if paid **BEFORE** March 1, 2018

\$ 85.00 if paid **AFTER** March 1, 2018

Paid by: Cash _____ Check _____

(NSF checks will be charged a \$30.00 service fee.)

(Payment made with credit card in Pro Shop will be charged a \$5.00 service fee.)

Junior Membership (under 18 years old): _____ **\$ 25.00**

Date of Birth: _____

Reciprocal Membership: _____ **\$ 45.00**

Primary Club: _____

(Must be an active member of another club and be a current **2018 OGA member**.
Is not eligible to play in OGA team events as RCMC member.)

Please send or deliver to:

Rose City Men's Club
2200 NE 71st Ave.
Portland, OR 97213