

Indian Hills Golf Club Inc.

Men's Club Application

Full Name: _____

Email Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Occupation/Business: _____

Age: _____ Married: _____ Wife's Name: _____

Present membership in other Clubs: _____

Handicap Number (SCGA, Publinks, Etc..) _____

Date of Application: _____

Signature of Applicant

(Sponsored by)

Membership Dues **\$ 40.00**

Hole in One Ins. **\$ 10.00**

_____, ___/___/___ Board of Directors Approval

IHMC
5700 Club House Drive
Riverside, Ca 92509

Men's Club Office (951) 685-6424
Mgmt Office (951) 360-2081
Pro Shop (951) 360-2090
Email **ihmc@indianhillsgolf.com**