

RIO HONDO MEN'S CLUB MEMBERSHIP FORM

YEARLY DUES \$135.00

(ALL FIELDS REQUIRED)

NAME: _____ **D.O.B.** ____/____/____

(FIRST)

(LAST)

ADDRESS: _____

CITY: _____ **ZIP:** _____

E-MAIL: _____

HOME PHONE: (____) _____

CELL PHONE: (____) _____

BUSINESS PHONE: (____) _____

SCGA GHIN# : _____ **AMT ENCLOSED:\$** _____

CHECK NO: _____ **DATE:** ____/____/____