



- Membership Form
- Annual Fee \$20.00

First Name _____ Last Name _____

Address _____

City _____ State _____

Zip Code _____

Phone- (_____) _____ - _____

Email Address _____

Membership: New _____ Renewal _____

Please Mail Check Or Money Order to:

Veterans Golf Club Of Southern Oregon

PO Box 503141

White City, Oregon 97503