



2026 Men's Club/NCGA Membership Form *(\$80)*

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____ Birthday: _____

RENEWAL OR NEW MEMBER (CHECK ONE): **RENEWAL:** _____ **NEW MEMBER:** _____

FOR NEW MEMBERS ONLY:

Current Member: SCGA: _____ NCGA: _____

GHIN Number: _____ Current Index: _____

Other Golf Club Memberships: 1. _____ 2. _____

Print Name: _____

Signature: _____ Date: _____

Make checks payable to Paso Robles Golf Club Mail to: Paso Robles Golf Club
1600 Country Club Dr. Paso Robles, CA 93446