



Golf Club

MEMBERSHIP APPLICATION _____

NAME _____

ADDRESS _____

CITY _____ ZIP _____

PHONE (day) _____

(night) _____

EMAIL _____

STATUS (Check one)

Faculty/Staff/Alumni (\$35) _____ Student (\$30) _____ Associate (\$40) _____

NCGA/GHIN Number: _____ - _____

SIGNATURE _____ DATE _____

Deadline to renew is **DECEMBER 1, 2004.**

All applications received after this date will be assessed a \$10.00 reinstatement fee.

Make Check Payable To: "USF KORET"

MAIL TO: Mike Kelly
Coordinator, Intramural and Club Sports
Koret Health & Recreation Center
2130 Fulton Street
San Francisco CA 94117-1080