



Lands West Golf Club Membership Application

NAME _____

E-Mail Address _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____

Cell (____) _____

If you have a current SCGA/GHIN number,
Please write it here _____

Applicant Signature: _____

Approved: _____

Paid: Cash ___ Check ___

Please fill out completely and mail with \$55.00 payment to:

Lands West Golf Club
PO Box 401432
Hesperia, CA 92340-1432