

Trilogy La Quinta Men's Club

Membership Application

Date _____

Member Name _____ Spouse's Name _____

Trilogy Address _____

Primary Contact Phone Number _____

Cell Phone Number _____

E---Mail Address _____

GHIN # _____

. Please write one check for total amount due to TLQMC.

TLQMC Annual Membership Fee --- \$94.00

(Includes Hole-In-One Insurance for sanctioned TLQMC events only)

SCGA Annual Fee \$36.00

Total Due \$130.00

Please address checks to: TLQMC.

New Member Applications & Fees submitted after November 1 include

membership for current and following calendar year. Submit applications and

check to:

Mike Budd

61386 Living Stone Dr.

La Quinta, CA 92253

818-298-6970

Revised 04/10/2018

TLQMC Membership Application.docx jr