



2008 Membership Dues Renewal  
 Hi-Lo Desert GCSA  
 P.O. Box 4153  
 Redondo Beach, CA 90277  
 Ph: 866-820-3169 Fax: 310-798-7142  
 Email: cyndy@cmnsupt.com

**2008 DUES RENEWAL RATES**

Affiliate	One Member	\$155
Affiliate	Two Members***	\$205
Affiliate	Three Members***	\$105 per person
Affiliate	Corporate *	\$400
Sponsorship	Beverage Cart	\$175 Minimum

\*\*\*A separate form must be filled out for each  
 Affiliate Member\*\*\*

Total Enclosed \$ \_\_\_\_\_

New Corporate Memberships available for four or more Members of one company. See attached Sheet.

**PAYMENT INFORMATION**

- \*Please make checks payable to Hi-Lo Desert GCSA
- \*Mail Renewal to: Hi-Lo Desert GCSA, P.O. Box 4153 Redondo Beach, CA 90277 OR
- \*Fax Renewal to 310-798-7142 OR
- \*Renew online at www.californiagcsa.org

**Payment by Credit Card:**

MasterCard  VISA  AMEX Total: \$ \_\_\_\_\_  
 (\$5 processing fee for credit card transactions)

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_ EXP \_\_\_\_\_

Signature \_\_\_\_\_

**UPDATE OUR RECORDS**

Do you want meeting notices sent to you via email??  
 YES \_\_\_ NO \_\_\_

Email Address: \_\_\_\_\_

GCSAA Member: YES \_\_\_ NO \_\_\_

GCSAA Member Number: \_\_\_\_\_

SCGA Handicap Number: \_\_\_\_\_

**COMPLETE ALL INFORMATION**

MAILING ADDRESS

NAME \_\_\_\_\_

Golf Course or Company Name If Not Home Address \_\_\_\_\_

Street or P.O. Box Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

INFORMATION TO BE LISTED IN DIRECTORY

Name of Golf Course or Company \_\_\_\_\_

Street or P.O. Box Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work # \_\_\_\_\_ Work Fax # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Cell # \_\_\_\_\_

Please pay your dues by **December 31, 2007**. Any renewals received after **January 31, 2008** will be assessed a **\$25 late fee**. Any membership not renewed by **February 15th** will be **dropped from the roster and must reapply and pay the late fee and dues rate**.  
 If you have questions regarding this please contact the Association office.

**HELP US OUT**

Please indicate your choices for Committee involvement by marking the box(es) that apply

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Education            |
| <input type="checkbox"/> S&R        | <input type="checkbox"/> Government Relations |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Social               |
| <input type="checkbox"/> Tournament | <input type="checkbox"/> Running for Board    |

Member Signature: \_\_\_\_\_

Signature attests that membership information is accurate.