



Membership Application

Date: _____

Referred By: _____

Name: _____

Address: _____

Phone Number: _____

Email: _____

If you have a GHIN Number and were active in the previous two years, please enter it: _____.

MEMBERSHIP \$100

Mail to:
Mill Valley Golf Club
P.O. Box 2398
Mill Valley, CA 94942

Club Use

Amt. Paid _____ Check _____ Cash _____

Date Entered _____ GHIN # _____ By _____