

CRYSTAL SPRINGS WOMEN'S GOLF CLUB
2024 LIMITED MEMBERSHIP FORM

Date _____ ,

Members Name _____

Address _____

City, State, Zip _____

GHIN# _____

Phone Home: _____

Cell: _____

Email Address: _____

Limited Golf Membership (**Tuesday Only**) Annual Dues **\$260**

January - December

By applying to the CSWGC Limited Membership, I understand that:

1. This Limited Membership does not make me a member of the Crystal Springs Golf Course, nor am I entitled to related benefits reserved only for full time members.
2. I am responsible to pay Green Fees and other charges for each round.

Signature:

Please send this completed form & check in the amount of **\$260**

payable to: Crystal Springs Women's Golf Club (**CSWGC**)

Mail to: Kyu Christman

2740 Summit Drive

Burlingame, CA. 94010

