

**BRADSHAW RANCH COUPLES' CLUB
MEMBERSHIP APPLICATION**

Date: _____

Membership Year _____

Name(s): _____

Address: _____

City/ZIP _____

Home Phone: _____ Alternate Phone: _____

E-Mail Address: _____

DUES: \$10 Single Paid \$20 Couple Paid Hole-in-One Insurance: \$2 Single Paid \$4 Couple Paid

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