

BRADSHAW RANCH GC MEN'S CLUB  
MEMBERSHIP APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

City/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

DUES: \$20.00

Hole-in-one Insurance \$2.00

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