

Putter's Name: Street Address: City, State, & Zip: Phone Number: E-mail: I approve having my contact information shared with the Putters membership electronically or by hard copy. In order to remain a viable and vibrant club without paid staff, members share their time and talent for the operation of the RC Putters Golf Club. Please check areas where you have experience that would be beneficial to the club. Computer __Communication __Organizational __Accounting __Scholarship Committee 2024 NONREFUNDABLE MEMBERSHIP DUES AND FEES Total Please Description Fee Select Amount

Description	Total Fee	Please Select	Amount			
Description	ree	Select	Amount			
New Putter Membership (includes OGA Fee \$41)	\$63.00		\$			
Existing Putter Membership (includes OGA Fee \$41)	\$61.00		\$			
Below Fees Not Available After 4/1/2024:						
Day's Play Fee (\$1/wk X 27 wks)**	\$27.00		\$			

 Day's Play Fee (\$1/wk X 27 wks)**
 \$27.00
 \$

 Chip-Ins Fee (\$.25/wk X 27 wks)***
 \$6.75
 \$

 Spring Tournament: June 6-June 27
 \$3.00
 \$

 Fall Tournament: August 1-August 22
 \$3.00
 \$

Total Due	
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Pay By 4/1/2024

L	If paying by check, make check payable to:	OR	If Paying by VENMO, Send to:	
	Rose City Putters		@Anita-Anjoubault	
	Mail Form and Check to:		Email Completed Registration Form to:	
	Anita Anjoubault		aanjoubault@yahoo.com	
	19815 SE 6th Way			
	Camas, WA 98607			