

# 2021 Membership Application

Last Name:

First Name:

Membership in the **Bayview Golf Club** constitutes acceptance of the club's Charter and all of the responsibilities, liabilities and benefits established therein.

Check if for new membership or a change of address and provide the following:

Street:

Apt#:

City:

State:

Zip Code:

Email:

Phone:

**New Membership \$105**  
**Renewals \$95**

If currently a member at another NCGA Club, please provide the following:

Current Club:

NCGA GHIN#

Transfer my Membership from the above club

I am retaining my membership in the above club

Junior Membership(s)

\$55 under 29

\$35 NCGA YOC

Please supply birth date:

MM DD YYYY

Make Check Payable & Bayview Golf Club  
Mail to: 2605 Hocking Way  
San Jose, CA 95124

Or Zelle Payable to: Bayview Golf Club  
Form and Zelle email: bayviewgca@gmail.com