



CITY OF RANCHO MIRAGE

MARKETING DEPARTMENT

69-825 Highway 111, Rancho Mirage, CA 92270
Phone: 760.324.4511

(For Office Use Only)

Fees Paid: \$ _____

Pynt. Method: _____

Card #: _____

Resident Golf Card Application

APPLICANT INFORMATION

Name: _____ Email Address: _____

Rancho Mirage Address: _____ Rancho Mirage, CA 92270

Mailing Address: _____ Telephone No.: _____

City & State: _____

I hereby certify that I am (Please check one):

A permanent resident of the City of Rancho Mirage.

A seasonal resident that spends no less than five or more months out of each year residing in the City of Rancho Mirage.

An employee of the City of Rancho Mirage

How did you learn about this program: _____

Print Name: _____

Date: ____/____/____

Signature

(For Office Use Only)

Proof of Eligibility

____ Valid Identification

____ Utility Bill, Property Tax Bill, or Lease

____ Renewal OR ____ New Member

Date Received: ____/____/____

Approved by: _____

TRANSPARENCY NOTICE: Some or all of the content contained in this application and its attachments may be subject to disclosure pursuant to the California Public Records Act (Government Code section 6250, et seq.)