



Women's Golf Association

Membership Form

Name _____

Address _____

Email Address (WGA announcements will go to this email) _____

Home Phone _____ Birthday (Month/Day Only) _____

Cell Phone _____ Work Phone _____

Husband's Name _____

Please indicate in which group(s) you will be participating and if you have an established Handicap Index

____ Wednesday (You may play in 9 or 18 Hole Division)

____ Saturday (You may play in 9 or 18 Hole Division)

____ I do not have a handicap index My Handicap Index is _____

WGA membership dues are \$45/year. The club will bill your account or you may pay by check. Please indicate your payment choice below.

The WGA will also bill your account \$5 when a WGA member has a Hole-in-One on our course or during a WGA sanctioned Interclub event. If you do not wish to participate in the Hole-in-One Club, please advise the Club's Accounting Office to remove your name.

____ Membership dues to be paid through my club account number which is _____

____ Membership dues paid by attached check

Signature

Date

Please return the completed form to the WGA Vice President or the Pro Shop.
Form may also be mailed to The Club at Pecan Grove, 3000 Plantation Drive, Richmond, TX 77406