



## 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**

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**Signature**

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**Date**