

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 gro established Handicap Index	up you will be participating and if you have an
Wednesday 9 Hol	e Division Saturday 9 Hole Division
Wednesday 18 Ho	ole Division Saturday 18 Hole Division
I do not have a ha	andicap index My Handicap Index is
	\$45/year and \$2 for the Hole-in-One Club*. The clubou may pay by check. Please indicate your payment
	ipate in the Hole-in-One Club, please advise the Club's your name. This is an initial fee and will only be billed curs to replenish the fund.
Membership dues to be p	oaid through my club account number which is
Membership dues paid b	y attached check