

Club Logo

WOMEN'S GOLF CLUB/ASSOCIATION NAME
SAMPLE MEMBERSHIP APPLICATION



Name
Street City Zip
Telephone (Home) (Work) (Cell)
Email Address Birthday
New Member YES NO
If you are/were a member of another club: GHIN#: Course at which # last active:

Spouse/Significant other's name
Person to notify in an emergency:
Relationship to you: Phone:

Would you be open to being a Committee Member? YES NO

**** I plan to attend the Rules of Golf clinic on date YES NO
**** I plan to attend the Orientation Meeting on date YES NO
**** I plan to attend the Opening Social on date YES NO

Dues: amount for early return of registration (by date) (Some clubs may offer a discounted fee for early registrants.)
Returning Member - \$ amount GHIN#:
New Member - \$ amount GHIN#:
Eisenhower-Evans Scholarship Program - \$10

Membership dues paid to the WOMEN'S GOLF CLUB/ASSOCIATION NAME includes membership fees to the Colorado Women's Golf Association (CWGA), which entitles you to receive the CWGA's information and membership benefits. For more information about the CWGA's benefits and services, see the CWGA website at www.COgolf.org.

Comments?

I understand that membership in the WOMEN'S GOLF CLUB/ASSOCIATION NAME requires compliance with the USGA Handicap System, the Rules of Golf, and the Rules of Amateur Status. Additionally, any golf-related conduct which results in adverse reflection on the Club/Association, including cheating or destructive course activities may result in revoking my membership.

Signature: Date:

Make checks payable to WOMEN'S GOLF CLUB/ASSOCIATION NAME Total Payment Enclosed: \$

Please mail this form to me by date to pay only \$ amount for early registration.

Return by date with \$ returning member amount to hold your space for the year.

Jane Doe
555 Golf Course
Golf, Colorado 00000

Phone: 555-555-5555

PLEASE CALL JANE IF YOU HAVE ANY QUESTIONS.