

San Diego County Women's Golf Association

APPLICATION FOR MEMBERSHIP

I hereby request membership in the San Diego County Women's Golf Association for the current calendar year and enclose my check for annual dues as determined by the SDCWGA Board of Directors. **I certify that I am at least 18 years of age at the time I submit this membership application.**

CHECK ONE:

_____ **\$20.00 Limited Member Membership** (if you are not a member of a member club of SDCWGA and have an established USGA handicap index)*

_____ **\$30.00 Individual Membership** (if you do not belong to a golf club within San Diego County and would like to establish a handicap.)

Were you ever a member of SDCWGA?

Yes

No

PLEASE PRINT

All information below is required

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Club: _____ GHIN#: _____

Other club affiliations: _____

Make your check **payable to SDCWGA** and mail with this form to:

Membership Director

P.O. Box 502786

San Diego, CA 92150

SDCWGA Office: (858)673-1128/Email: sdcwga@aol.com

Sdcwga.net

