



WCWGA MEMBERSHIP APPLICATION

Dear Prospective Member,

Please complete this membership application and give it to your WCWGA club representative for consideration along with your dues. If you do not know your club rep, please click on Members Clubs on the WCWGA website and find your club and rep.

Last Name:

First Name:

Husband or partner name (optional):

Street Address:

City:

Zip:

Phone:

E-Mail Address:

Home Club:

Current USGA Index:

All Members Subject to Board Approval