



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: _____

Spouse/Partner
(optional): _____

Street
Address: _____

City / Zip: _____

Home Phone: _____

Mobile Phone: _____

E-Mail
Address: _____

Home Club: _____

GHIN #: _____

Current USGA
Index: _____

All Members Subject to Board Approval