

Women's Golf Association of Baltimore

MEMBERSHIP APPLICATION FORM

Name	
Address	
Telephone	
Club	
Handicap Index	
WGA Board Sponsor	
WGA Member Sponsor	

I certify that the foregoing information is correct. I understand that any misrepresentation shall be cause for rejection of this application. If elected to membership, I agree to abide by the By-Laws, rules, and policies of the Women's Golf Association of Baltimore and the United States Golf Association.

Signed: _____ Date: _____
(Applicant)

Signed: _____ Date: _____
(WGA Board Representative)

Signed: _____ Date: _____
(WGA Member Seconder)