

# Women's Golf Association of Baltimore MEMBERSHIP APPLICATION FORM

Name	
Address	
Telephone	
Club	
Handicap Index	
WGA Board Sponsor	
WGA Member Sponsor	
Golf References	1) Name: Address:  Telephone:
	2) Name: Address:  Telephone:

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)