



Women's Carolinas Golf Association Membership Application

Complete the application and return with your check for \$30 made payable to the WCGA to the address below.

Date _____

Name of Club/College/Individual:

Address:

City / State / Zip:

Primary Contact:

Phone Number:

email address:

Club web address:

The proposed member (Club/Course or Individual) agrees to abide by the Bylaws of the Women's Carolinas Golf Association. To read the bylaws, go to www.wcgagolf.org/files/WCGA_BYLAWS.pdf. This application must be signed by a Club/Course Representative or Individual.

Individual Signature _____

Club/Course Representative Signature _____

Please return to:

Donna Johnson
1184 Cedar Creek Dr.
Asheboro, NC 27205

Would your club give consideration to hosting a WCGA golf tournament if asked? _____

*** Before selecting Individual as a membership type, please consider assigning your membership fee to your home club. You may want to contact your association president or club manager to see if they are interesting in supporting the WCGA. For the same annual fee, a club membership extends benefits to all the women at your club.

Check Membership Type:

- Club
 Collegiate
 Individual ***