



Women's Carolinas Golf Association  
Membership Application for 2011

Complete the application and return with your check for \$36 made payable to the WCGA to the address below.

Date \_\_\_\_\_

Name of Club/College:

\_\_\_\_\_

Address:

\_\_\_\_\_

City / State / Zip:

\_\_\_\_\_

Primary Contact:

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

email address:

\_\_\_\_\_

Club web address:

\_\_\_\_\_

The member 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](http://www.wcgagolf.org/files/WCGA_BYLAWS.pdf). This application must be signed by a Club/Course Representative or Individual.

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? \_\_\_\_\_

Check Membership Type:

Club

Collegiate