



Women's Golf Association of Baltimore MEMBERSHIP APPLICATION FORM

Name

Address

Cell Phone

Email

Club

Handicap Index

GHIN Number

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 Secorder