



Women's Golf Association of Baltimore MEMBERSHIP APPLICATION FORM

Name	
Address	
Cell Phone	
Email address	
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 Seconder