

WWGA 2027 Membership Renewal Form

Name _____ Date _____

(Current Members - Indicate changes only)

Address _____

City _____ State _____ Zip Code _____

Email _____

Treasurer's Use ONLY

Amount Paid _____

Check # _____

Zelle Confirmed _____

Date Received _____

ONLY Cell phone will be listed in the roster/Blue Book

☐ Cell _____

Indicate Dues Paid

Mandatory (Select One)

☐ DO NOT include my address in the Blue Book/Roster for distribution

☐ DO NOT include my email address in the Blue Book/Roster for distribution

\$60 WWGA Active membership \$ _____

\$20 WWGA Associate Membership (social only) \$ _____

Optional

\$10 LACWGA membership \$ _____

\$20 WPLGA membership \$ _____

\$20 Late Fee (if paying after 10/31/25) \$ _____

\$ 3 I would like to ONE **ADDITIONAL** blue book
(ALL members receive one (1) book) \$ _____

TOTAL \$ _____

Indicate payment method:

☐ Mail Check (payable to: WWGA)
Carol Earle (address in blue book)

☐ Zelle payment-Note "dues"

Submit completed form to:
Carol Earle and
Cheryl Sandy
(USPS mail or email)

I understand/acknowledge that cancelling my participation in weekly play AFTER the designated cut-off will result in an assessment of greens fees payable to WGC. Fees must be paid prior to subsequent play. Failure to pay will result in ineligibility for future tee time sign-ups.

Initials: _____

NOTE: **DO NOT USE** the email wwgamembership@gmail.com-IT IS NO LONGER IN USE