



MEMBERSHIP APPLICATION

www.arlingtonwga.com

email: arlingtonwomensgolfassociation@gmail.com

Follow us on 

TODAY'S DATE. _____

LAST NAME _____ FIRST NAME _____

(I like to go by _____)

DATE OF BIRTH _____ (year is optional)

ADDRESS _____

CITY _____ ZIP _____

CELL PHONE NUMBER _____

EMAIL ADDRESS _____

YOU GHIN NO. (IF APPLICABLE) _____

TELL US ABOUT YOURSELF - HOW LONG HAVE YOU PLAYED GOLF? FAMILY?

ETC.....

HOW DID YOU HEAR ABOUT AWGA? _____

MEMBERSHIP DUES RECEIVED BY? _____ CHECK NO. _____ AMOUNT PD _____

**Dues for 2021 are \$65.00 - plus \$5 if you want to participate in the Hole in One "Pot".
(\$1 per year after initial entry) Make your check payable to AWGA.**