



MEMBERSHIP APPLICATION

www.arlingtonwga.com

email: arlingtonwomensgolfassociation@gmail.com

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TODAY'S DATE _____

LAST NAME _____ FIRST NAME _____

(I like to go by _____) DATE OF BIRTH _____ (year optional)

ADDRESS _____

CITY _____ ZIP _____

CELL PHONE NUMBER _____

EMAIL ADDRESS _____

IN CASE OF EMERGENCY ON THE COURSE, WHO SHOULD WE CONTACT -

NAME _____ RELATION _____ CELL PHONE _____

GHIN (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 2024 - \$80.00 "Make Your Check Payable to AWGA"

plus \$5 cash if you want to participate in the Hole in One "Pot"

Half Year Reduced Rate after June 30th - \$50, plus \$5 cash if you want to participate in HIO