




MEMBERSHIP APPLICATION

www.arlingtonwga.com

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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. _____

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 2019 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.