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 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 2027 - $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