

2024 Membership Application

Please Print				
Date:				
Name:				
Address:				
City:		State:	Zip:	
Email:				
Phone:	Cell:	Wireless Carrier:		
Check box if you	u wish to receive text me	essages in addition t	to emails.	(<u>must list carrier</u>)
	letworking with other mo	•		s name
Check box if you evenings.	are interested in golfing	with League Memb	ers outside	of Tuesday
Check box if you	authorize release of you	r photo for use on o	our CWGA W	/ebsite/Social.
	hip Fee: \$70.00. cepted: Cash, Check, Cre	dit Card, Venmo (C	WGA-GolfLe	ague)
	<u>n</u> first round of play Aprilable to "CWGA". Returne essing fee \$3.00		00	
Applications may	be turned in with paymo	ent during Informat	ion Night, M	arch 26, 2024.
			FICE USE ON ent Method &	
		Check #		
		Cash		
		Credit Ca	rd	
		Gift		