

CHARLOTTE WOMEN'S DISTRICT GOLF ASSOCIATION
Membership Application

NAME_____ DATE_____

ADDRESS_____

CITY_____ STATE_____ ZIP_____

PHONE NUMBER_____ E-MAIL_____

HEMOCOURSE_____

GHIN #_____ CURRENT INDEX_____

VEGETARIAN -YES_____ NO_____

MATCH PLAY YES_____ NO_____

COMPLETE THIS FORM AND TAKE A PICTURE OF IT. E-MAIL IT TO;

CWDGAfees@gmail.com

ZELLE your payment (\$65 or \$75 if you are playing Match Play) to:

CWDGAfees@gmail.com

****Return the Application Form & Payment by March 31st****

Treasurer:

Before 4/30/24

Elizabeth Portland
12498 Harbour Ridge Blvd.
Palm City, Florida 34990

After 5/1/24

Elizabeth Portland
7313 Fairway Vista Dr.
Charlotte, NC 28226

