

San Diego County Women's Golf Association
APPLICATION FOR MEMBERSHIP 2010

I hereby request membership in the San Diego County Women's Golf Association for the year 2010 and enclose my check for annual dues as determined by the SDCWGA Board of Directors. **I certify that I am at least 18 years of age at the time I submit this membership application.**

CHECK ONE:

_____ **\$20.00 Limited Member Membership** (if you are not a member of a member club of SDCWGA)*

_____ **\$50.00 Individual Membership** (if you do not belong to a golf club within San Diego County)

*For a list of Member Clubs, visit our website: www.sdcwga.org under the tab "Club Directory".

Were you a member of SDCWGA in 2009? Yes No

PLEASE PRINT
All information below is required

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone: _____
Club: _____ IDC#: _____
Other club affiliations: _____

Make your check **payable to SDCWGA** and mail with this form to:
Membership Director
P.O. Box 502786
San Diego, CA 92150
SDCWGA Office: (858)673-1128/Email: sdcwga@aol.com