

Membership Application

I hereby request membership in the San Diego County Women's golf Association and enclose my check payable to SDCWGA for annual dues as determined by the SDCWGA Board of Directors.

- Please Print -

Were you a member of SDCWGA in 2007?

_____ Yes _____ No Date: _____

Your Name: _____

Address _____

City: _____ Zip: _____

Phone: _____

Email: _____

Club Affiliation: _____

IDC#: _____

Other Club Affiliations: _____

Mail this membership form to:

(2007 dues are \$20.00 if you are not a member of a member club of SDCWGA)

MEMBERSHIP DIRECTOR

Sandy Fisher
40008 Corte Lorca
Murietta, CA 92562

Phone: 951-600-8006 Email: medcom1@verizon.net
