

**EL DORADO WOMEN'S GOLF CLUB
MEMBERSHIP APPLICATION**

FIRST NAME: _____ MI. _____

LAST NAME: _____ HUSBAND'S NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

TELEPHONE: (_____) _____ E-MAIL: _____
Area Code

GHIN #: _____ BIRTH DATE: _____

DUES: YEARLY DUES: \$40.00 \$ _____

HONORARY DUES: \$20.00 \$ _____
(70 Years & Older)

EDWGC HOME CLUB: \$30.00 \$ _____

NOT HOME CLUB: \$10.00 \$ _____

DAILY FEE: \$25.00 \$ _____

NEW MEMBER FEE: \$15.00 \$ _____

TOTAL: \$ _____

Make Check Payable to: EDWGC

**Mail To: Barbara Collins
3741 Primrose Street
Seal Beach, CA 90740**

Telephone: (562) 431-1850

Dues Delinquent After November 1st

Late Fee: \$10.00

PLEASE COMPLETE THIS INFORMATION REQUIRED FOR HANDICAP INDEX:

FULL NAME: _____ GHIN #: _____
Last First MI.

ADDRESS: _____

CITY: _____ ZIP CODE: _____ PHONE #: (_____) _____
Area Code

WILL EDWGC BE YOUR WPLGA HOME CLUB? _____
YES NO

IF NO, ENTER YOUR WPLGA HOME CLUB: _____

E-MAIL ADDRESS: _____ DATE: _____

OTHER CLUBS & ASSOCIATIONS: _____