

SUFFOLK WOMEN'S GOLF ASSOCIATION

APPLICATION FOR MEMBERSHIP

Revised – March 2023

I do hereby make application for membership in the Suffolk Women's Golf Association. I agree to abide by the rules and by-laws of this organization if accepted as a member.

Signature _____ Date _____

Applicant's Name _____

Address _____

Telephone (Home) _____ (Cell) _____ (Work) _____

Email _____

Ghin # _____

Handicap Index _____ If you do not have an established handicap index, attach signed and attested scorecards of five or more 18 hole rounds. A 34.0 handicap index or less is required.

Member of other Ladies Golf Association _____
Club Name _____

The following members of Suffolk Women's Golf Association endorse the above named person's application for membership.

Member _____ Date _____

Member _____ Date _____

Membership Chairperson _____ Verified handicap index _____
Signature

Send or drop off: Suffolk Golf Course Pro Shop
1227 Holland Road
Suffolk, VA 23434
(757) 539-6298