

## **APPLICATION FOR MEMBERSHIP**

## JACKSONVILLE WOMEN'S GOLF ASSOCIATION Jacksonville, Florida

New Member Information				Date:			
Name:							
	Last	First	MI	Spouse	e/Partner Name		
Address:							
Number and Street				City	State	Zip	
Mobile Phor	ne Number(Includ	ding					
Area Code)	:	Email	:		DOB:	· · · · · · · · · · · · · · · · · · ·	
Current Har	rrent Handicap Index: GHIN #:				Other:		
PLEASE A	ATTACH A PF	RINT-OUT	OF THE	INDEX HIST	ORY!		
Golf Club:				Pro Shop	Pro Shop Phone #:		
JWGA Spor	NSOFS (Each must b	e a member for	at least 2 ye	ears and have play	yed with the proposed	member at least twice)	
Name:				Phone:			
Name:				Phone:			
Sponsor Co	mments:						
Use back of fo	orm for additional co	omments if nee	ded.				
counties (N USGA hand maintained	lassau, Duval, C dicap that is with the index for at	lay or St Johnin the spec least the las	hn's). In a ified limit st 90 cons	nddition, the ap (see website f secutive days p	golf club in one opplicant must have for current require prior to the date of with application.	e an established ment) and have f application.	
Board Appro	oved Yes	No _					