

APPLICATION FOR MEMBERSHIP

JACKSONVILLE WOMEN'S GOLF ASSOCIATION Jacksonville, Florida

New Member Information				Date:			
Name:							
	Last	First	MI	Spouse	Partner Name		
Address:							
	Number and St	treet		City	State	Zip	
Mobile Phon	e Number(Includ	ling					
Area Code) :	·	Email:	·		DOB:	 	
Current Hand	dicap Index:	GHIN	· · · · · · · · · · · · · · · · · · ·	Other:			
PLEASE A	ATTACH A PR	RINT-OUT (OF THE	INDEX HISTO	ORY!		
Golf Club:				Pro Shop Phone #:			
JWGA Sponi least twice)	SOFS (Each must be	e an active men	nber for at le	east 2 years and ha	ve played with the pr	oposed member at	
Name:					Phone:		
Name:	lame:				Phone:		
Sponsor Cor	mments:						
		 					
Use back of for	rm for additional co	omments if need	led.				
counties (Na USGA hand maintained	assau, Duval, C icap that is with the index for at	lay or St Joh nin the speci least the las	nn's). In a fied limit (it 90 cons	ddition, the ap (see website fo ecutive days p	golf club in one o plicant must have r current required rior to the date of with application.	e an established ment) and have f application.	
Board Appro	ved Yes	No					