



APPLICATION FOR MEMBERSHIP

JACKSONVILLE WOMEN'S GOLF ASSOCIATION Jacksonville, Florida

New Member Information

Date: _____

Name: _____
Last First MI Spouse/Partner Name

Address: _____
Number and Street City State Zip

Mobile Phone Number(Including Area Code) : _____ Email: _____ DOB: _____

Current Handicap Index: _____ GHIN #: _____ Other: _____

PLEASE ATTACH A PRINT-OUT OF THE INDEX HISTORY!

Golf Club: _____ Pro Shop Phone #: _____

Club Rep Name _____

JWGA Sponsors (Each must be an active member for at least 2 years and have played with the proposed member at least twice)

Name: _____ Phone: _____

Name: _____ Phone: _____

Sponsor Comments: _____

Use back of form for additional comments if needed.

Sponsor Signature _____

To be eligible, the applicant must be a resident or member of a golf club in one of the following counties (Nassau, Duval, Clay or St John's). In addition, the applicant must have an established USGA handicap that is within the specified limit (see website for current requirement) and have maintained the index for at least the last 90 consecutive days prior to the date of application. Membership fee is \$80 (\$75 plus \$5 initiation fee). Do not send with application.

Board Approved Yes _____ No _____