

MEMBERSHIP FORM FOR CAYON WEST WOMEN'S GOLF ASSOCIATION

NAME: _____

ADDRESS: _____

PHONE (Home): _____

PHONE (CELL): _____

E-MAIL ADDRESS: _____

HOME CLUB _____

HANDICAP _____

BIRTHDAY MONTH _____ **DATE:** _____

DUES:(\$25, \$15 after July 1) **CHECK #:** _____

Please complete this form and bring it, along with your payment, to your first registered event/play day.