



**Women's Golf Association
Membership Application
2010**

Name: _____	Birthday (Mo/Day)_____
Address: _____	Husband's Name _____
City: _____	Zip: _____
Home Phone: _____	Cell Phone: _____
Work Phone: _____	Email: _____
GHIN # _____	Canongate Membership #: _____

Please indicate the play days you will most likely play by placing a check next to one of the following:

18-Hole Thursday AM : _____	9-Hole Thursday AM: _____
18-Hole Saturday AM : _____	18-Hole Sunday AM _____
9-Hole Wednesday PM: _____	

Please indicate if you wish to join committee(s) by placing check(s) below :

Membership/Hospitality { }	Social Events { }
Rules and Handicap { }	Tournaments { }

Date of Application: ____/____/2010	Annual Dues: \$45 prior to 3/20 \$50 on or after 3/21
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**Submit complete application with check to:
H.M.W.G.A.
C/O Robin Mikan
3875 Greenside Court
Dacula, GA 30019**

Checks may be payable to "Hamilton Mill Women's Golf Association".