



# Winterwood Men's Golf Association Membership Form

**Membership renewals are due January 1. (Print the completed form and send to PO Box below)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

GHIN # \_\_\_\_\_ Email \_\_\_\_\_

**Please check one box below:**

\_\_\_\_\_ I am a current member and would like to renew my membership.

\_\_\_\_\_ I am applying for New Membership, and if accepted, I agree to abide by the rules and bylaws of the Winterwood Men's Golf Association. Please list the name of the Winterwood member who is sponsoring you for membership. Sponsor \_\_\_\_\_

If my membership is approved, I agree to abide by the USGA Rules of Golf and the local rules of the WWMGA. Please send this completed form with a check or money order to:

**WWMGA P.O. Box 62161 Boulder City, Nevada 89006**

**Renewal Membership**

|                       |                     |             |      |
|-----------------------|---------------------|-------------|------|
|                       | <b><u>\$135</u></b> |             |      |
| Applicant's Signature | Amount Paid         | Received by | Date |

**Returning Membership** (for members renewing after the deadline)

|                       |                     |             |      |
|-----------------------|---------------------|-------------|------|
|                       | <b><u>\$150</u></b> |             |      |
| Applicant's Signature | Amount Paid         | Received by | Date |

**New Membership**

|                       |                     |  |  |
|-----------------------|---------------------|--|--|
|                       | <b><u>\$150</u></b> |  |  |
| Applicant's Signature | Amount Paid         |  |  |