MEADOWLARK WOMEN'S GOLF CLUB
MEMBERSHIP APPLICATION

Name _____
Last **First**

Address_____ **City** _____**Zip**_____

Phone ( ) _____ **E-Mail** _____

Home Club_____ **Other Clubs**_____

WPLGA Number_____

REGULAR MEMBER **SOCIAL MEMBER** ___**$ 15.00**

New Member (*Initiation)* ___ **$ 5.00**
Membership Dues ___ **$ 40.00**
WPLGA: (Please check one)
INDIVIDUAL MEMBER (Home Club) ___**$ 25.00**
MULTI-CLUB MEMBER (Not Home Club) ___**$ 10.00**

Total Paid **$**_____

Total Paid **$**_____

Make Check Payable to: MEADOWLARK WOMEN'S GOLF CLUB

SEND TO:

Donna de Wit
13432 Tulane Street
Westminster, CA 92683
714-206-6780

Dues Payable **October 1**
Dues Delinquent **November 1**
($5.00 late charge)

Please complete the following for our Membership Listing:

Name: _____ **Husband's First Name**_____

Address:_____**City**_____**Zip**_____

Phone: ( ) _____**E-Mail**_____

Birthday: Month_____ **Date**_____