

**EMERALD VALLEY WOMEN'S GOLF CLUB
APPLICATION FOR MEMBERSHIP**

Date: _____

Name **Phone**

Mailing Address **City** **ZIP**

E-mail **GHIN Number** **Hdcp.**

DUES (includes fee for computer handicaps):

FULL YEAR REGULAR MEMBERSHIP is \$60.00

PAID BY: Check _____ **Cash** _____

Club Use only: **Treasurer** **Membership** **Handicap**