BOUNDARY OAK WOMEN'S GOLF CLUB

MEMBERSHIP APPLICATION:

NAME_____
LAST NAME (PLEASE PRINT) FIRST NAME HUSBAND'S NAME

ADDRESS_____

CITY_____ZIP CODE_____PHONE_____

E-MAIL ADDRESS_____

CURRENT HANDICAP INDEX_____

P.W.G.A. GHIN #_____

N.C.W.G.A. #_____

CURRENT CLUB #_____

LIST YOUR NAME EXACTLY AS YOU WOULD LIKE IT TO APPEAR ON YOUR HANDICAP CARD

_____

DO YOU WISH TO HANDICAP OUT OF BOUNDARY OAK? YES_____NO_____

IF NO, NAME OF CLUB FROM WHICH YOU HANDICAP?_____

SIGNATURE OF
APPLICANT_____DATE_____

MEMBERSHIP CHAIR: SANDY MEHUS
14 STARVIEW DRIVE
OAKLAND, CA 94618
(510) 549-2221
sandymehus@att.net

FEES: Make checks payable to: BOWGC

HOME/MULTI MEMBERSHIP		ASSOCIATE MEMBERSHIP
ANNUAL DUES	$30.00	$15.00
PWGA/GHIN	26.00	26.00
INITIATION	5.00	$41.00
	$61.00	
OPTIONAL		
HOLE-IN-ONE	1.00	
ECLECTICS (2@$2)	4.00	
	$66.00	