

**ROCKLEDGE WOMEN'S GOLF GROUP
2009 MEMBERSHIP APPLICATION**

Membership category:

Adult Renewal – Computer Member # _____ New – GHIN# (if available) _____
Past Club Affiliation _____
 Junior Member – Ages 14 -17years ---- Date of Birth (required) -----/-----/-----

Last Name _____ First Name _____

Street Address _____

Town _____ State _____ Zip _____

Home phone _____ Work Phone _____

E-mail Address _____

Wednesday player yes no Weekend yes no Both yes no

Would you like to be a “buddy” to a new member? yes no

NEW MEMBERS – Would you like a “buddy” to acquaint you with the group? yes no

Would you like your phone number published on the Rockledge Women's Golf Group web site? yes no

ANNUAL DUES - \$70 adult \$15 junior

IMPORTANT : PLEASE FILL OUT THE FORM COMPLETELY

Mail **FORM** with **CHECK** (payable to “Rockledge Women's Golf Group”)
to: Mary Ellen Nichols 1 Sulgrave Rd. West Hartford, CT. 06107