

**VALLEY HI COUNTRY CLUB
WOMEN'S GOLF GROUP (18 HOLE)
MEMBERSHIP APPLICATION**

TO: Pat Greco, Captain
Women's Golf Group (18 Holes)
RE: New Member Application

Name:	
Address:	
City/Zip	
Home Phone:	Cell Phone:
Email Address:	Birth Date (month/day only):
Valley Hi Membership # and Member Name:	
GHIN #:	18 Hole Handicap Index:

By submitting this application, I understand that when I am accepted/approved for membership, that my Valley Hi Country Club Account will be billed \$100 (Jan.-Dec.) or \$50 (July-Dec.) for annual membership dues and an additional \$30 (in March or August) for the WGANC Handicapping Service. I also understand that the effective date of my membership will be determined by the date I am added to the WGANC Handicapping System.

Date: _____ By: _____

Signature

FOR WOMEN'S GOLF GROUP PROCESSING

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|------------------------------------|---|
| 1. Received by Captain on: _____ | 2. Verified by Handicapper on: _____ |
| 3. Approved by Captain on: _____ | 4. New Member Notified by Captain on: _____ |
| 5. Effective Date for WGANC: _____ | 5. Copies distributed by Captain to Co-Captain, Secretary, Treasurer, New Member Chair, and Website Manager on _____. |

PLEASE RETURN TO OFFICE