

Northeastern Women's Golf Association

Application for CLUB Membership: Date: _____

Name of Club: _____

Club Address: _____

Club Telephone: _____

Club Mailing Address (if different than above): _____

Name of Women's Golf Committee Chairperson: _____

NEWGA Representative and Co-rep to be appointed by Club or Women's Golf Committee

NEWGA Rep: _____

Home Address: _____

Telephone: HOME _____ CELL _____

E-mail Address: _____

NEWGA Co-Rep: _____

Home Address: _____

Telephone: HOME: _____ CELL: _____

E-mail Address: _____

Name of Club Professional: _____

Telephone of Pro Shop: _____

Please send two score cards from your golf course along with completed application to:

NEWGA, PO Box 1464, Latham, New York 12110