

**NORTHEASTERN WOMEN'S GOLF ASSOCIATION
MEMBERSHIP FORM**

Name: _____

Address: _____

City, State, Zip: _____

Club: _____

Home Telephone: _____

Cell Phone No: _____

Date of Birth: _____

GHIN No: _____

Handicap Index: _____ • _____

EMAIL _____

Please check only one:

Membership Fee \$50.00

Honorary Playing Member \$25.00

Honorary Non-playing \$0.00 (no fee, please register as a member)

Please make your check payable to NEWGA and mail payment to NEWGA, PO
Box 1464 Latham, NY 12110