LAKES WEST WOMEN'S GOLF ASSOCIATION NEW MEMBERS MEMBERSHIP FORM

The Lakes West Women's Golf Association is one of five regulation 18 hole women's leagues in Sun City. Our members have a broad range of skill levels and may choose to play from either the red, teal or yellow tees in a fun and friendly environment. We meet for league play every Tuesday morning.

New members with a current USGA handicap index may be transferred immediately and are eligible for all competition.

A new member **without** a current USGA handicap index will need to submit a minimum of three (3) scorecards with 18 holes from any course(s). Scores can be made up of any combination of 9-hole and 18-hole scores. (Cards need to be signed by you and another player in the group when submitted). This will establish your handicap index, making you eligible for competition.

Annual membership dues are \$70.00 for January 1st - December 31st. If joining between July 1st - September 30th dues are \$50.00, and between October 1st - December 31st dues are \$12.50.

Optional dues include Central District - \$13.00 and Sunday Mixers - \$3.00.

Associate Mixer Members. \$12.00 (must be a member of another Sun City league).

Our league is led by member volunteers and we welcome all new members, whether experienced with league play or new to it, to choose an area of interest and become involved. This is not required but is a great way to meet members and learn about the workings of our league.

TO PAY ONLINE: http://azgolf.org/membership

Select Sun City Lakes Women Sun City. Select W, 55+, Tu. Select Join/Renew. Fill out form as directed

AGA Dues \$45.00. Discount \$5.00 (for paying online). LWWGA Dues. \$25.00. Total Due. \$65.00

Optional Fees: Central District **\$13.00**. Sunday Mixers. **\$3.00**

For additional club information and/or to sign up use our website: <u>Lakeswestwga.azgolf.org</u>

Please complete the membership application below and present it to the Membership Chair Jan Mattson – 507-383-4876

No refund of dues after two weeks from time of application for membership.

PLEASE RETAIN THE TOP PORTION OF THIS FORM FOR YOUR RECORDS.

	Check Box:	New Membership	Transfer	Associate Members (\$12.00)	
Last Name		First		Rec#	-
AZ Address					_
					_
Email Addres	S			Phone	
Transfer from	1			GHIN#	
Spouse's Nan	ne			Rec	
APPLICANT'S	SIGNATURE			DATE	