North Carolina Women's Golf Association

APPLICATION FOR MEMBERSHIP

REQUIREMENTS FOR MEMBERSHIP: (Please check the appropriate membership status desired)

☐ Club: Membership in the Association shall be open to any organized private, semi-private, public, military or resort golf club or course in North Carolina, which has been sloped and rated, uses the USGA method of handicapping, and has paid its annual dues of $30.00. If applying for club membership, please circle which type of club.

Do you have a Ladies' Golf Association? ☐ Yes ☐ No

Mailing address:_____

Women's course rating:_____Slope rating:_____Total yardage from forward tees:_____

Does your club use the USGA method of handicapping? ☐ Yes ☐ No

Would your club be willing to host the NCWGA Championship? ☐ Yes ☐ No

☐ League/Training facility: Membership in the Association shall be open to any golf league or golf training facility in North Carolina which uses the USGA method of handicapping, and has paid its annual dues of $30.00.

☐ Individual: Membership in the Association shall be open to any female amateur golfer who is legally domiciled in North Carolina, has an established USGA handicap and has paid her annual dues of $15.00.

The acceptance of membership in the Association shall bind each club, league, training facility, or individual to abide by all the conditions of the NCWGA, Inc. Bylaws, and its Policy Manual, and to accept and enforce all the decisions made by the Board of Directors within its jurisdiction.

Your application will be reviewed and if your club is eligible for membership in the NCWGA, Inc., you will receive an INVITATION MEMBERSHIP bill each year. DUES MUST BE PAID YEARLY. Non-payment of dues will terminate your membership for one year, after which you must reapply. Annual dues of $30.00 for clubs, leagues and training facilities and $15.00 for individuals shall be paid by December 31st for the upcoming year. Dues for new applicants for membership after December 31st must be paid prior to application for entry in any NCWGA, Inc. event.

Please submit the appropriate information based on the type of membership requested:

Individual's name:_____

Mailing address_____

Where do you maintain your USGA handicap_____

Club/league/training facility name:_____

Mailing address_____

Head golf professional's name_____

Person who should receive NCWGA information:

Name:_____Position:_____

Address:_____

Email address to which alerts and announcements can be sent:_____

This application must be filled out completely and returned to the address below. The annual dues must accompany this application. All checks should be made to NCWGA, Inc.

Return application to: Linda Daniel
9336 Old Barnette Place
Huntersville, NC 28078

SIGNED_____
Individual, Club Owner, Manager, or Head Golf Professional

Date_____

APPLICATION APPROVED BY_____ DATE APPROVED_____