

Date: _____

**Tahquitz Creek Women's Golf Club
Membership Application
2022 - 2023**

Name: _____ GHIN# _____

New Member or Returning Member

What months will you play with the club? _____

Member Information

This is what will be printed in our roster - **PLEASE PRINT CLEARLY**

RETURNING MEMBERS, please provide CHANGES ONLY

E-Mail Address: _____

Local Telephone: () _____ - _____ Cell: () _____ - _____

Birthday (Month/Day/Year): __ __ (we need this in case there are duplicate names)

LOCAL Address: _____

City: _____ State: _____ Zip: _____

SUMMER/ALTERNATE Address: _____

City: _____ State: _____ Zip: _____

Please make checks payable to T.C.W.G.C. for \$ 34.00
OR pay by ZELLE to tahquitzcreekwomensgolf@gmail.com

Mail to:	Bonnie Kostelecky	ADMIN USE ONLY
	36266 Avenida de las Montanas	
	Cathedral City CA 92234	
	Bjkoz36@gmail.com	
	Cell: 971-404-6418	Rec'd: _____
		GHIN: _____
		Roster: _____ Email _____