

Date:

**Tahquitz Creek Women's Golf Club
Membership Application
2019 - 2020**

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: (760) _____ - _____ Cell: (____) _____ - _____

Birthday (Month/Day/Year):

LOCAL Address:

City: State: Zip:

SUMMER/ALTERNATE Address: _____

City: _____ State: _____ Zip: _____

Please make checks payable to T.C.W.G.C. for:
\$70.00 if received by Sept. 30, 2019
\$80.00 if received between Oct. 1 – Dec. 31
\$90.00 if received after Jan. 1, 2020

Mail to:	Lynn Worley 45930 Shadow Mountain Dr. Palm Desert CA 92260 Cell: 206-618-1223 worlynn@aol.com		ADMIN USE ONLY
			CHECK #: _____ REC'D: _____