

Wendell Golfing Gals League Membership Application Form

Name: _____ Birth Month/Day: _____
Street Address: _____
City: _____ Zip: _____
Phone: _____
E-mail Address: _____ GHIN# _____
Club Maintaining Handicap: _____ Tel# _____

To become a member of the Wendell Golfing Gals League, print and complete this form and attach a **\$25.00** check made payable to **Golfing Gals League** and mail both to our treasurer:

Suzy Walker
11206 Slider Dr.
Raleigh, NC 27614