



**2019 Winterwood Men's Golf
Association Membership Form**

Membership payment is due January 1, 2019. (Please write legibly)

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Phone () _____ Date of Birth _____

GHIN # _____ Email _____

Please check one box below:

_____ I am a current member and would like to renew my membership.

_____ I am applying for New Membership, and if accepted, I agree to abide by the rules and bylaws of the Winterwood Men's Golf Association. Please list the name of the Winterwood member who is sponsoring you for membership. Sponsor _____

If my membership is approved, I agree to abide by the USGA Rules of Golf and the local rules of the WWMGA. Please send this completed form with a check or money order to:

WWMGA P.O. Box 62161 Boulder City, Nevada 89006

_____ **\$135** _____

Applicant's Signature

Amount Paid

Received by

Date