DEER VALLEY WOMEN'S GOLF CLUB MEMBERSHIP FORM New Member _____ or Transfer From _____

D. California Maria						
Print Last Name		First Name			SCW Rec. # SCW, AZ 85375	
SCW Street Address					<u> </u>	
E-mail address (will not be s OK for the	Directory)		Directory? (Yes/No	Home Phone	(Landline)	
Data of Distance / dal/		(only mm/dd will be	e published)	Mahila Dhasa	. Neurale au	
Date of Birth mm/dd/yy			Mobile Phone Number			
GHIN Number (If you have a current handicap)			Name of St	Name of State Golf Association (if applicable)		
PLEASE CHEC	K WHICH T	YPE OF MEMBERSH	IIP DESIRED (ALL FE	ES SUBJECT TO C	HANGE)	
[] League (i.e. Compet	itive) Mem	bership				
if joining Oct 1 - Dec 31, 2023		if joining Jan 1 - June 30, 2024		if joining July 1 -Sept 30, 2024		
AZ Golf Association (AGA)	\$45.00	AGA	\$45.00	AGA	\$25.00	
Club Dues* (\$25.00 for	<u>\$50.00</u>	Club Dues*	<u>\$25.00</u>	Club Dues*	<u>\$25.00</u>	
2023 & 2024)	\$95.00		\$70.00		\$50.00	
[] \$3.00 for Ringers. (We Payouts done at the end of the second secon	the year.) (no AGA hatec. 31, 202 I to Sept. 3 to participate eekly game	andicap fee required 3 (for membership 0, 2024 - \$25.00. The second are not eligible	d) through Dec. 31, 20 ns and weekly sched le to participate in a	24) - \$50.00. duled play. Social any scheduled tou	Members do not pa	
Total Enclosed: \$		(New Members N	Must Pay By Check o	r Cash)		
M	AKE CHECK	(S PAYABLE TO: <i>DE</i>	ER VALLEY WOMEN	'S GOLF CLUB		
Please include your SCW Reand put in the DVWGC box					-	
Once membership is confirm New members are required house - typically offered the	to attend a	New Member Orie			•	
Signature			 Dat	e		

QUESTIONS? Contact Janice Runnels, Membership Chair 818-388-7098 <u>jlr765@gmail.com</u> Effective: Oct. 1, 2023