



Women's South Carolina Golf Association

PO Box 2436, Mount Pleasant, SC 29465
(843) 757-4653 wscga@wscga.org www.wscga.org

Date: _____

Club Name _____

Makes formal application for Regular Membership in the Women's South Carolina Golf Association and agrees, if elected to membership in the Association, to be governed by those parts of the Qualifications of Membership included with this application with all subsequent amendments thereto. A check to cover the initial membership dues of \$200.00 (A new club and includes course and slope rating fees) is attached hereto. (Make check payable to WSCGA) Subsequent yearly dues are \$50.00.

Information to be furnished in applying for Associate Membership

1. The golf facility name is _____
2. The course is owned/leased by _____
3. Beginning date facility owned _____
4. Women's Golf Association President & phone number _____
5. All correspondence and notices for this Association should be addressed to:

Telephone: () _____ E-Mail Address: _____

We certify that this is a golf facility, which has an organized Women's Golf Association.

Enclosed is a scorecard of the golf course.

Name of Club _____

By _____ Title _____

Print Name _____ Signature _____

Mail application and check to: Women's South Carolina Golf Association
P. O. Box 2436
Mt. Pleasant, SC 29465