



NEW MEMBER APPLICATION

Name: _____

FIRST
LAST
NICKNAME

Organization: _____ Title: _____

Mailing Address: (Home Business) _____

City: _____ State: _____ Zip: _____

Preferred Phone: Home: _____ Business: _____ Mobile: _____

E-mail: _____

Golf Skill Level: New Golfer Intermediate Advanced

Birthdate: / /
Provide your birthdate, including year in the space provided above.

Reason for Joining: (check all that apply)
 Learn-to-play Game Improvement Competition Social Business Other _____

Referred By: (optional) _____ Primary Chapter: _____
(Go to ewga.com to find a Chapter near you or enter "None" for no Chapter affiliation.)

MEMBERSHIP OPTIONS

- Classic — \$155
- Executive Distinction — \$400
- Young Professional (ages 18-30) — \$75
- Senior (ages 65+) — \$125
- LPGA and/or PGA Professional — \$100
- Additional Dual Chapters — \$35 (each)

PAYMENT SLIP

As an EWGA member you will receive a one-year (12 issues) subscription to *GOLF Magazine* valued at \$15. (This subscription is not deductible from your membership dues.)

MEMBER DUES: _____

TOTAL: = \$ _____

- YES! I would like to join the EWGA**
- My check payable to EWGA is enclosed.

Charge my:

Credit Card No:

Expiration Date: / (MM/YY)

Print Cardholder's Name: _____

Cardholder's Signature: _____

PLEASE COMPLETE AND RETURN APPLICATION FORM AND PAYMENT TO:

EWGA Headquarters, 300 Avenue of the Champions, Ste 140, Palm Beach Gardens, FL 33418

Fax: 561-691-0012 | E-mail: member@myewga.com

Phone: 561-691-0096 x10 | or **JOIN ONLINE** at ewga.com

Submission of this application constitutes acceptance of the EWGA Release and Indemnification Agreement.