



Halifax Plantation Women's Golf Association
Membership Application

Name _____

Address _____

Cell Phone _____ Phone _____

Email Address _____

Birthday (Month & Day only) _____

Husband/Significant Other (First Name) _____

If you have a summer address or email different from above, please include that: _____

Dues \$40 _____

Hole in 1 \$5 _____ (optional)

Total \$45 _____

Make check payable to HPWGA and place in locker #2 clipped to this application.

See the Pro Shop to apply for a handicap. Play begins in September and ends in April.

If you have questions, please contact:

Sandi 717-476-1531 sandi.bowling@gmail.com

Kathy 859-801-7185 ksmith3405@yahoo.com