



WOCG MEMBERSHIP Application

Join WOCG

* Your First Name: _____ * Your Last Name: _____

* Your Street Address: _____

* Your City: _____ *State: _____ *Zip Code: _____

* Your Phone Number: _____

* Your Email: _____

* Your Golf Level:

Beginner: _____ Intermediate: _____ Avid: _____

* Confirm Your MEMBERSHIP:

BASIC Annual Subscription \$155 (USD) Subscription period: 1 Year

* PAYMENT INFORMATION:

By Check (Check # _____ for \$155 BASIC Annual Membership)

Please, send with payment to: **Women Of Color Golf | P.O. Box 75361, Tampa, Florida, 33675**