



2026

Cedarcrest Womens Golf Club Membership Application

Make your check payable to: Cedarcrest Womens Golf Club (CWGC)

PLEASE MAIL your application & check to:

Cedarcrest Womens Golf Club

c/o Lorri Davidson

11711 26th St. NE

Lake Stevens WA 98258

Name _____ Date _____

Address _____

City/State _____ Zip Code _____

Email _____ Birth day & month _____

GHIN number (if you have or ever had one) _____

If Associate, member's home course _____

Best phone number _____

Emergency Contact Name and phone number: _____

Is your application for "Full Member" (not paid GHIN at another course for 2026): _____

Or Associate Member (GHIN fee paid at another course for 2026): _____

Are you willing/able to help out in any of the volunteer positions of our club in the future?

YES _____ No _____, Indicate category(ies) below"

Do you have skills in:

Leadership _____ Secretarial _____ Financial _____ Computer _____ Organization _____

Please indicate the check amount you will be mailing in with your application:

\$70 _____ Full membership....and this includes GHIN fees, for year 2026

\$40 _____ Associate membership...you will maintain your GHIN at your home course