



# Cedarcrest Women's Golf Club

## Membership Application

Make your check payable to: Cedarcrest Women's Golf Club

**PLEASE MAIL** your application & check to:

***Cedarcrest Women's Golf Club***

***c/o Joanne Alber***

***10203 86<sup>th</sup> Street NE***

***Lake Stevens, WA 98258***

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Birth day & month \_\_\_\_\_

GHIN number (if you have or ever had one) \_\_\_\_\_

Associate member's home course \_\_\_\_\_

Best phone number \_\_\_\_\_

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

YES \_\_\_\_\_ No \_\_\_\_\_

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 2024

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