

**Membership Application for 2018
D. FAIRCHILD WHEELER WOMEN'S GOLF CLUB**



Name: _____

Address: _____

City: _____ St: CT Zip: _____

Phone: Home _____ Work: _____ ext _____

Mobile _____ E-Mail _____

New Member: Yes _____ (\$70) No _____ (\$70)

If a new member, do you have a **GHIN#** _____

Member of **SCWGA**: Yes _____ No _____ **SNEWGA**: Yes _____ No _____

Note: SCWGA dues (\$27); SNEWGA dues (\$15)

DUES: \$70.00 : MAKE CHECKS PAYABLE TO: D.F.W.W.G.C.

MAIL TO: Joan Morin, 40 Avalon Dr. Unit 6112, Milford, CT 06460