

RECREATION PARK WOMEN'S GOLF CLUB

MEMBERSHIP APPLICATION

[Website: www.recparkwomensgolfclub.com](http://www.recparkwomensgolfclub.com)

Your Last Name _____ First Name _____

Husband's First Name _____.

Your Address: _____

City: _____ Zip: _____ Email: _____

Preferred Phone Number (_____) _____

GHIN # _____ Birthday: Month _____ Day _____

Other Golf Clubs & Associations: _____

REQUIRED FEES

SCGA Dues-Handicap/GHIN	\$36.00	\$ _____
Club Yearly Dues	\$30.00	\$ _____
Club Prize Fund	\$34.00	\$ _____
New Member Fee	\$15.00	\$ _____
* <i>Honorary Membership</i>	\$15.00	\$ _____
(75 yrs old and a RPWGC member for 10 years)		

OPTIONAL FEES

WPLGASC Dues	\$20.00	\$ _____
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**(Only required to join one club for Team Play
or, to play in Association Day Tournaments)**

TOTAL \$ _____

Signature _____ Date _____

Return this application and your check, payable to R.P.W.G.C., to:

Robbie Stuart, 15215 San Simon Ln. La Mirada, CA 90638

Ph# 714.670.7054

*CLUB USE ONLY***

Check # _____ Date Received _____ Amount \$ _____ (RMS 10-30-18)

