PLEASE PRINT:

Name:
_____

If you were a member last year and your info is the same, you may skip to the fees section.

If you are a new member or your info has changed, please update the section below:

Address: _____Home Phone_____

City: _____ State: _____Zip: _____Cell Phone: _____

E-Mail Address _____Work Phone _____

9-Hole_____18-Hole_____ Handicap or GHIN (if known) _____

Your Birthday Month: _____

Association Fees (Make your check payable to THWGA):

Tomahawk Hills Women's Golf Association	$30.00_____
Kansas Women's Golf Assoc. (Optional)	$10.00_____
Hole-in-One Club (Optional)	$2.00_____
Total Due THWGA	**$ _____**