

Harbor Club Ladies Golf Association 2019 Application



NAME: _____

Address: _____

Phone: Cell _____ Home _____

E-mail: _____

PLEASE CHECK:

Are there any changes to the information above? Yes ___ No ___

PLEASE CHECK:

Prefer to play 9 Holes _____ Prefer to play 18 Holes _____

PLEASE CHECK:

Harbor Club Membership Type? Golf ___ Social ___ None ___

PLEASE CHECK:

Would you like to join the HOLE-IN-ONE Club, \$5 billed by the Pro Shop?

_____ Yes _____ No

Dues: \$55.00 - Make checks payable to HCLGA

Please mail or drop off by **March 20, 2019** to:

Sherrie Southern
1300 Winged Foot Dr.
Greensboro, Ga 30642
404-405-2074 –Cell
Southern1300@yahoo.com