

**Harbor Club Ladies Golf Association
2020 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 18, 2020** to:

Shirley Wheeler
1401 Lighthouse Circle
Greensboro, Ga 30642
678-488-0042 –Cell
Swheeler1401@att.net