

NEW MEMBERSHIP APPLICATION FOR 2026

For calendar year 2026 January 1st through December 31st 2026

NAME: _____

STREET: _____

CITY: _____ **ZIP:** _____

PHONE: _____

E-MAIL: _____

GHIN NUMBER _____ **HANDICAP INDEX** _____

CHECK HERE IF I DO NOT HAVE A GHIN# OR HANDICAP INDEX

Add your birthdate here if you do not have Handicap or GHIN

----/----/---- example 04/02/1960

BENNETT VALLEY WOMEN'S GOLF CLUB DUES: **\$90.00** **\$** _____

NORTH BAY WOMEN'S GOLF ASSOCIATION DUES

OPTIONAL: **\$ 5.00** **\$** _____

**NBWGA IS A SEPARATE GOLF ASSOCIATION THAT HOLDS MONTHLY GOLF
TOURNAMENTS FROM APRIL THROUGH OCTOBER.**

TOTAL \$ _____

PLEASE MAIL TO:

Sheri Rossi de Guevara

1905 Sansone Drive

Santa Rosa, CA 95403

MAKE CHECK PAYABLE TO: BENNETT VALLEY WOMEN'S GOLF CLUB

(BVWGC)