



BELLA VISTA WOMEN'S GOLF CLUB (BV WGC)

2017 Membership Application

POA MEMBER # (required of all members) _____

Please print information

Last Name _____ First Name _____
 Address _____ City _____ Zip _____
 Preferred Phone # _____ Spouse's Name _____
 Email Address _____ Publish in Handbook Yes ___ No ___
 Permission to use photos of me on the internet Yes ___ No ___
 Permission to use: First Name ___ Last Name ___ on internet photos.
 BV WGC Member: ___ Current ___ Former ___ New Birth MO ___ / DAY ___
 Check all that apply: ANNUAL ___ MEMBER PHOTO ID ___ PRIVATE CART ___ SEAT LEASE ___ NO CART ___

PLAYING MEMBERSHIP: Includes participation in regular play days, or club-sponsored tournaments, club meetings and voting privileges. **(After July 1 prorated dues are \$25).**

\$ 40 Dues _____
\$ 5 Handicap Fee (required) _____
 (do not pay if paid thru Golf Division Office or 9-Hole League)
\$ 10 Hole-in-One Club (optional) _____
\$ TOTAL PAID _____

*** Make check payable to BVWGC ***

SOCIAL MEMBERSHIP: Limited to club meetings, voting privileges, participation in the Firecracker and NWA tournaments.

\$ 10 Dues _____
\$ 5 Handicap Fee (required) _____
 (do not pay if paid thru Golf Division Office or 9-Hole League)
\$ TOTAL PAID _____

*** Make check payable to BVWGC ***

NEW MEMBERS ONLY

If you do not have a handicap, please attach five (5) scorecards. After a handicap is assigned to you, enter all of your scores except BVWGC scores for regular play days which will be posted by the Handicap Committee. You must have five (5) scores posted to be eligible to participate in BVWGC weekly events.

If you have a handicap in another system (i.e. GHIN), please complete the following including the State where handicap is established:

Handicap _____ Slope _____ Rating _____ 5 Scores _____ / _____ / _____ / _____ / _____ State _____

MAIL APPLICATION WITH CHECK AND ANY ATTACHMENTS TO:

Nan DeLany, BV WGC
 20 Salisbury Dr
 Bella Vista, AR 72714

If you have questions, contact Nan at 479-268-3264