



Wake-Robin Golf Club, Inc.

Membership Application Form Application Type

NEW MEMBER _____ RENEW MEMBERSHIP _____ MEMBER SINCE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE _____

HOME PHONE: _____ CELL PHONE: _____ WORK: _____

EMAIL: _____ BIRTHDAY MONTH/DAY: _____

SPONSORED BY: _____

ARE YOU CURRENTLY OR HAVE YOU BEEN A MEMBER OF A GOLF CLUB: YES _____ NO: _____

NAME OF GOLF CLUB: _____

HOBBIES AND OTHER INTEREST: _____

Other Information

Level of Play: Beginner _____ Intermediate _____ Advanced _____

Established Handicap? YES _____ CURRENT HANDICAP/INDEX _____ NO _____

HANDICAP MAINTAINED WITH (WRGC, Enterprise, Univ of MD, etc.) _____

This information is collected for event and program planning purposes.

Payment Information

New Member Application Fee: \$25.00 (NON-REFUNDABLE) must be submitted with application

Method of Payment: Check: _____ PayPal: _____  Date Paid: _____

PLEASE MAIL & MAKE CHECKS PAYABLE TO:
PLEASE MAIL COMPLETED FORM AND CHECK TO:

WAKE-ROBIN GOLF CLUB
ATTENTION MEMBERSHIP
P.O. BOX 443,
LANHAM, MD 20706

For additional information please call Mrs. Elizabeth McNeal at (202) 529-1191

Visit our Website at: www.wake-robingolf.org Email us at: membership@wake-robingolf.org

SIGNATURE: _____ DATE: _____

For Internal Use Only

Date Processed: _____ Cleared: _____ By: _____ Date: _____