**THE CITRUS HILLS LADIES’ GOLF ASSOCIATION**

**MEMBERSHIP APPLICATION**

**Welcome to the Citrus Hills Ladies Golf Association. We are so happy you will be joining us.**

**We are a group of amateur women golfers who are members of the Citrus Hills Golf and Country Club. The purpose of our Association is to foster interest and promote competition in golf among the members of the organization.**

**Members of our league must be Citrus Hills Golf Country Club golf member and must qualify to a 40.4 handicap index via GHIN system.**

**The annual membership fee is $58.00, which includes $5 for the hole-in-one fund and holiday gifts for the Pro Shop staff. The season runs from the first Tuesday in May through the last Tuesday in December. Although membership dues are not pro-rated, you may join at any time during the season.**

**We play a game every Tuesday, with a short meeting at 8:00 a.m. and play at 8:30 a.m. on the Oaks golf course. We also sponsor special events throughout the year. An awards luncheon and ceremony are held on the last Tuesday of the golf season after our member/member tournament.**

**For more information, please contact our President, Gail Bockiaro at (352) 201-1042** **gbockiar@tampabay.rr.com** **or one of the other Officers listed on the CHLGA website (www.chlga.org). Your contact information will be included on the league website (password protected), unless you request that it not be posted.**

**CHLGA MEMBERSHIP APPLICATION FORM**

***Place this application with a check for $58.00 in the CHLGA lockbox at the Oaks/Meadows pro shop.***

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: (H)\_\_\_\_\_\_\_\_\_\_\_\_\_ (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your GHIN Handicap Posting Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Handicap Index: \_\_\_\_\_\_\_\_\_\_\_\_\_ (must be 40.4 or lower)**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check this box if you do not want your information published on our website.**