

Ocean State Women's Golf Association

PO Box 597 Portsmouth, RI 02871-0597

www.oswga.org

Application for Annual Membership

☐Individual Membership - \$5	50 ☐ Junior Membership - Free
	to OSWGA and send with this form to: 7 Portsmouth, RI 02871-0597
Name:	Date of Birth:
Street Address:	
City:	State:Zip:
E-mail address:	
Cell Phone #: ()	Home Phone #: ()
Club Affiliation:	GHIN:
If you do NOT have a GHIN; Please sand provide your identification num	specify the service that keeps your handicap
Handicap Service:	ID Number:
Please check ONE of the following	
☐ Handbook mailed to a local addre	ess: (Please provide if local address differs from above)
☐ Handbook held for pickup at Tou	rnament check-in table
\square Handbook not needed/desired. I	use the website for all my information.
the USGA to utilize a USGA Handica	nined from an authorized golf association, licensed by p System, is required to compete in an OSWGA twith adjusted strokes.
Any participant without suc	ch a handicap index will play at scratch.

To be eligible for Player of the Year, dues MUST be postmarked by April 1, 2020 Membership fees are not tax deductible.