



CLAREMONT WOMEN'S GOLF CLUB 2023 MEMBERSHIP REGISTRATION

Claremont Women's Golf Club (CWGC) was formed to encourage social and spirited golf participation in a fun and friendly atmosphere among Claremont women golfers of all skill levels. Membership in CWGC allows you to establish a USGA and course handicap through the Oregon Golf Association (OGA) handicapping system. Handicapping is designed to level the playing field, so that all abilities can participate and compete together. Your CWGC membership entitles you to play in our organized social and competitive events throughout the golf year.

2023 CWGC Full Member - **\$80**. Includes OGA handicap annual dues of \$35.00 and \$1 for Hole in One Club.

2023 Associate Member (*Former CWGC Members who no longer reside in Claremont may become associate members*) - **\$65**. Includes OGA handicap annual dues of \$35.00 and \$1 for Hole In one Club.

2023 Social Membership - **\$15**. Social memberships are for women who have been golfing members with CWGC but are no longer active golfers. Social members can share benefits of CWGC, including communications, events and luncheons, with the exception of playing organized golf.

NOTE: ALL current OGA memberships will be de-activated at the end of this calendar year. If you are playing in areas where posting continues during December, January & February, you must register with CWGC before December 31, 2022 to post your scores.

NOTE: It is helpful to CWGC planners if you register sooner, rather than later!!! To activate your OGA membership, and for your name to appear in CWGC 2023 Handbook, your registration form must be received by March 1, 2023. You may register after that date, but may not be listed in handbook.

2023 CWGC Membership Registration

Please complete registration form below and place with your fee in an envelope marked Claremont Women's Golf Club 2023 Membership. Deposit envelope in white box in Claremont Golfers' News Room or Mail directly to treasurer: Meg Scanlan 16124 NW Canterwood Way Portland, OR 97229-7848

Name _____ GHIN # _____

Address _____

Preferred Phone Number (note if cell or land) _____

Email _____

Please Check: CWGC Full Member \$ _____ Associate Member \$ _____ Social Member \$15 _____

Amount paid \$ _____ Check # _____