FLWGA Membership Application

Date: _____

Mail your completed application and check payable to FLWGA to: FLWGA Membership Director
529 Burnswick Isles Way
Frisco TX 75036

You may also drop in the box on the front porch at the same address.

Questions: contact Lesley Pryor (Membership Director): flwga.membership@gmail.com

Member Information:

First Name: _____ Last Name:_____

Email: _____

Emergency Contact:_____
(Optional) Name Phone Number

Street: _____

Home Phone: _____ Cell Phone: _____

If the date you are joining is between ***January 1st and August 31st,*** please check the appropriate box:

- ☐ Golf and Social Membership Jan thru Dec **$ 55**
- ☐ Social Membership ONLY Jan thru Dec **$ 40**

If the date you are joining is between ***September 1st and December 31st,*** please check the appropriate box:

- ☐ Golf and Social Membership Sept thru Dec **$ 30**
- ☐ Social Membership ONLY Sept thru Dec **$ 25**

- ☐ Hole in One Club **$5**

Check #: _____