

2026 Greate Bay Women's Golf Association Membership Renewal/Application

NAME _____

WINTER ADDRESS _____

SUMMER ADDRESS _____

CELL PHONE _____ EMAIL _____

Greate Bay Membership type (check one): _____ Full _____ Week-day _____ Associate

(Please print carefully)

____ I will play 18 holes (Handicap Index must be equal to or less than 40)

____ I will play 9 holes GHIN # _____

Handicap Index _____

THERE WILL BE NO SEPARATE SIGN UP FOR CLOSEST TO THE PIN AND CHIP INS!! IT IS INCLUDED IN YOUR DUES.

Please sign me up!

Membership: \$125

Total Enclosed: \$ _____

Remit check to: **Greate Bay Women's Golf Association**

PLEASE MAIL TO:

Janet Schiltz

238 Asbury Ave

Ocean City NJ 08226

Questions? Contact Moe Kelly at: sneaker846@gmail.com or (610)246-3944