GOOD TIME GALS MEMBERSHIP

PLEASE COMPLETE AND RETURN TO LAURA DONAHUE

NAME _____ HANDICAP IDC # _____

ADDRESS _____ PHONE _____

_____ BIRTHDAY_____
(Month and Day only)

EMAIL _____

☐ I AM ALSO A MEMBER OF THE FOLLOWING CLUB_____.

WPLGA CLUB #_____

_____ _____
SIGNATURE DATE

Laura Donahue
1074 Antelope Place
Newbury Park, CA 91320
498-5192