



## 2019 SDWGA Roster and Dues Submittal

Name of your Club: \_\_\_\_\_

SD Rep: \_\_\_\_\_

email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Club Treasurer: \_\_\_\_\_

email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Club President: \_\_\_\_\_

email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of Members: \_\_\_\_\_ Total Amount Attached: \_\_\_\_\_  
(# x \$5.00 each member)

Date: \_\_\_\_\_ Submitted By: \_\_\_\_\_

**Submit form complete with NAME, GHIN #, PHONE and EMAIL and \$5 per player to SDWGA by January 5, 2019**

**Mail To: Kathy Cline  
5051 S Paseo sin Oblea  
Green Valley, AZ 85622**

*Membership Chair:*

*Kathy Cline  
520.399.2912 / kcline703@gmail.com*