

MADDEN WOMEN'S ASSOCIATION

Membership Application 2025



Date _____

Name _____

Address _____

City _____

State _____ Zip Code _____

Home Phone _____

Cell Phone _____

Birthday: Month ____ Day ____ Year ____

Email _____

Member GHIN/HANDICAP # _____

Two League Times.
Choose one.

10:00 am 5:30 pm

Questions/Concerns:

Beverly Moore
League Secretary
937.479.2020 (Cell)
beverly.moore@live.com

**GHIN OR OTHER RECOGNIZED
HANDICAP IS MANDATORY.**

(1) You may use a recognized handicapping system from another club/league, or

(2) You must purchase the GHIN handicapping system thru MWA.

MWA Association

League/GHIN/Games & Skins	\$ 155	_____
League/GHIN	\$ 135	_____
League/Games & Skins (GHIN provided through other source)	\$ 125	_____
League (GHIN provided through other source)	\$ 105	_____
GHIN	\$ 100	_____
Association Only	\$ 65	_____

Donations:

Scholarship	\$	_____
Operation Expenses	\$	_____
Other	\$	_____
_____	\$	_____

Total Amount of Cash/Check \$ _____

Check # _____

Make checks payable to
Madden Women's Association

Checks may be mailed to:
Madden Women's Association
P.O. Box 3234
Dayton, Ohio 45401-3234

League Play at
Community Golf Club * Dales Course
2917 Berkley Street * Dayton, OH 45409 * (937) 293.2341