



**Quail Creek 9 Ladies  
Golf Association**

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**QUAIL CREEK LADIES 9-HOLE MEMBERSHIP APPLICATION FORM**

DATE \_\_\_\_\_ Number of years you have played golf \_\_\_\_\_

Name \_\_\_\_\_ Husband/Partner First Name \_\_\_\_\_

Street Address \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail Address\* \_\_\_\_\_

DOB (Mo/Day) \_\_\_\_\_

\*GHIN does not allow a shared e-mail with another golfer.

Existing 9-hole GHIN No. or 18-hole GHIN No \_\_\_\_\_

Would you like to play on Thursday league days to collect your 6 score cards – YES / NO

Resident Status:

Full-Time \_\_\_\_\_ Winter Resident \_\_\_\_\_ Renter. \_\_\_\_\_