



Membership Application

Renew or Join at 2025 Membership Rate of \$65
Offer is good October 1 – December 31

Please Print:

NAME _____ DATE _____

Email Address _____

Home Address:

Street _____

City _____ State _____ Zip Code _____

Mobile Phone Number: _____

Referred by _____

Reason for joining _____

Is this a **RENEWAL** or **NEW MEMBER** Application? (Circle one)

Will you be paying your GHIN fee through another club? **YES** **NO**

If yes, please list club name _____

Hold Harmless Agreement

As a condition of participation in the Rochester NY Women's Golf Network (RNYWGN), I hereby agree to release, waive, discharge, and hold harmless the Rochester NY Women's Golf Network, its board members, officers, volunteers, sponsors, and partners from any liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, injury, or illness, including but not limited to those caused by negligence, that may occur as a result of my participation in RNYWGN events, activities, or programs.

I understand and acknowledge that golf and related activities involve inherent risks, and I voluntarily assume all risks associated with my participation.

Signature: _____ Printed Name: _____ Date: _____

Annual Membership Dues for January 1, 2026 - December 31, 2026:

- **Amount: \$65.00** includes annual GHIN fee
- This offer is good **October 1 through December 31, 2025**
- **Make check payable to:** Rochester NY Women's Golf Network
- **Send completed application and check to:**
Rochester NY Women's Golf Network
PO Box 23212
Rochester, NY 14692

Rochester NY Women's Golf Network PO Box 23212 Rochester NY 14692
rochesterwomensgolfnetwork@gmail.com