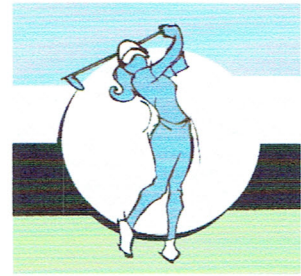


**CAPITAL CITY
WOMEN'S GOLF CLUB
MEMBERSHIP APPLICATION**



Name _____

Address _____

City _____ State _____ Zip Code _____

Cell Phone _____ Home Phone _____

Email _____

GHIN# _____ Home Club _____

Birthday: Month _____ Day _____

Are you interested in participating in High Sierra Team Play? Yes No

FEE SCHEDULE:

Women's Golf Club Dues \$50.00 \$ _____

No. Nevada Golf Assoc. Dues (GHIN) \$35.00 \$ _____

(Only if this is your Home Club)

TOTAL \$ _____

Please return application and check payable to:

CAPITAL CITY WOMEN'S GOLF CLUB

c/o Empire Ranch Golf Course

1875 Fair Way

Carson City, NV 89701