NAWGA 2025 Member Roster

Club Association Name:

|  |  |  |
| --- | --- | --- |
| President’s Name: | Primary Phone:  | Email Address:  |
| NAWGA Rep’s Name:  | Primary Phone:  | Email Address: |

|  |  |  |
| --- | --- | --- |
| Name | GHIN#  | Email  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# of Members X $10 = $ MAKE CHECK PAYABLE TO: NAWGA

Send List and Check to:

Elaine Corbet, NAWGA Treasurer

P. O. Box 3543 Prescott, AZ 86302

**PLEASE USE THIS FORM ONLY TO SUBMIT YOUR NAWGA MEMBERS.**