



MEMBERSHIP APPLICATION 2009

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: **Home:** _____ **Wk or Cell:** _____
(List 1 or 2 preferred numbers. Max. of 2 will be listed)

Email: _____

Membership: **New** _____ **Renewal** _____

GHIN and/or IGN #: **GHIN:** _____ **IGN:** _____

Comments/Suggestions: _____

Membership Fee: \$40.00

Mail check, payable to AWGA, along with this form to:

**Lucille Stietz
AWGA Membership
1431 F Street
Anchorage, AK 99501**

Please do not write below this point.

Date Rec'd _____ Check # _____ GHIN/IGN # _____ / _____ Entered _____