



LINCOLN HILLS LINCSTERS

2024 DUES / NEW MEMBER / DUAL MEMBERSHIP

Note: Once membership has received your application, you will be contacted to schedule your Orientation. Your activation as a member cannot occur until an Orientation has been completed.

NEW potential Lincsters and **NOT** a **CURRENT** PWGA/NCGA member from any club
DUES \$86 (PWGA/NCGA \$46 and Lincsters \$40)

CURRENT Lincsters or NEW potential Lincsters and a **CURRENT** PWGA/NCGA member from any club **DUES \$76** (PWGA/NCGA \$46 and Lincsters \$30)

Please address your check to “LINCSTERS”, complete form below and mail both to chair:

Nancy Hastings, 872 Magnolia Lane, Lincoln, CA, 95648, (925) 337-9391, nhast38@yahoo.com.
Or Put in Lincsters Gray Box by November 30, 2023

IF you plan to maintain a **Dual Membership** in 2024 (as a dues-paying member in an 18-hole golf group **and** the Lincsters), you **MUST** fill out the Form, located below. This declaration must be made every year.

NAME _____ GHIN # _____ PRIMARY CLUB 18 L

ADDRESS _____ TELEPHONE _____ B'DAY M/D _____

EMAIL _____ SPOUSE _____ BIG SISTER _____

For office: Ck. # _____ or Cash _____

DECLARATION OF DUAL MEMBERSHIP

The following information is required by any member planning to join both the LH Lincsters and/or any other 18-hole golf group during the current year.

NAME _____ DATE _____

Are you, or do you plan to become a dues-paying member of any organized 18-hole golf group in 2024? YES _____ NO _____

If “yes”, you must choose which club will be your Primary Club in order to participate in any major Lincsters golf tournaments, i.e. if you choose the 18-hole group as your Primary Club, you may **NOT participate in the Lincsters’ Club Championship.**

My Primary Club will be:

LH Lincsters _____ 18-hole golf group name _____

- Notify both clubs if you wish to cancel your membership in one of the above clubs during the current year.
- Fill out the Declaration Form each year you maintain Dual Membership.

Member Name _____

Emergency Contacts:

Primary Contact:

***Name:** _____ **Relationship** _____

Phone # _____ **Cell** ___ **Home** ___

Phone # _____ **Cell** ___ **Home** ___

***Name:** _____ **Relationship** _____

Phone # _____ **Cell** ___ **Home** ___

Phone # _____ **Cell** ___ **Home** ___

***Name:** _____ **Relationship** _____

Phone # _____ **Cell** ___ **Home** ___

Phone # _____ **Cell** ___ **Home** ___

Medical Ins: _____