



Kansas Women's Golf Association

APPLICATION HONORARY MEMBERSHIP/ CHANGE OF MEMBERSHIP STATUS

HONORARY MEMBERSHIP

ELIGIBILITY and DESIGNATION:

Any **KWGA member** playing golf and actively participating in a KWGA member club may be awarded a KWGA "Honorary Membership" when she reaches the age of 75. Honorary Members are not required to pay KWGA dues. KWGA Honorary Members shall retain KWGA membership until or unless the local association president/chairwoman completes and submits to the KWGA Membership Chair the attached "Change of Membership Status" form.

An "H" beside their name designates KWGA Honorary Members on the KWGA membership roster. If no "H" appears the application form for Honorary Membership has not be filed with the KWGA Membership Chair and Vice President.

PROCEDURE:

Applicants for Honorary Membership should request that their local women's golf association president/chairwoman complete and submit the attached "Honorary Membership" form. (This form may be duplicated as needed. The KWGA membership chairwoman will forward applications for Honorary Membership to the KWGA Vice President who will issue an Honorary Membership card and official letter of congratulations. Requests for lost or damaged membership cards may be addressed directly to the KWGA Vice President.)

CHANGE OF MEMBERSHIP STATUS

PROCEDURE:

If a KWGA Honorary Member's status changes, the local association president/ chairwoman shall complete and submit the attached "Change of Membership Status" form. (This form may be duplicated as needed.) Status shall be changed if the Honorary Member is no longer active in the local association or in the event of death. (Deceased KWGA members will be included in the "In Memory" section of the KWGA GOLF BAG.

KWGA HONORARY MEMBERSHIP/CHANGE OF STATUS APPLICATION

Honorary Membership Application _____ Not Active in Association _____
Change of Status Application _____ Deceased _____

(Please Print/Type)

DATE OF REQUEST _____

NAME _____

PHONE _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

BIRTHDATE _____

LOCAL ASSOCIATION _____

PRESIDENT/CHAIR _____

PRESIDENT/CHAIR SIGNATURE _____

**** SUBMIT THIS FORM WITH CURRENT LOCAL ASSOCIATION MEMBERSHIP ROSTER****