

Shennecossett Women's Golf Association (SWGA)

Membership Application – 2026 Season

Name: _____

Address: _____

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

Alternate Address (if applicable) _____

Alternate Phone: (if applicable) _____

Email Address _____

Phone: _____

Date of Birth: (M/D/YYYY) _____

Select membership type:

_____ **Full Membership (\$95.00)**

_____ **Handicap Only (\$45.00)**

Shennecossett Municipal Golf Course season passholder _____ **Full** _____ **Limited**

_____ **Not a passholder**

New SWGA Members Only: If you have a GHIN Number, enter here:

Please fill out the application form and return it by May 1, 2026.

Processing time may take up to 2 weeks so plan accordingly.

Make checks payable to SWGA. (Cash or checks only)

Send this form with your payment to the Treasurer:

Dawn Barrasso, 7 Spyglass Circle, Groton, CT 06340.