**LLESA Golf Networking Group   
2025 Membership Application**

The following information is needed for NCGA registration and to ensure you are eligible to be a member of a LLESA network group. Submit the completed form to Oscar Negrete ([onegret@sandia.gov](mailto:onegret@sandia.gov)) and Larry Wichter ([wichter1@llnl.gov](mailto:wichter1@llnl.gov)). Membership fees are paid via PayPal on the club’s website: [llesagolfng.org](http://www.llesagolfng.org/).

Select membership:

|  |  |
| --- | --- |
|  | $95: New regular member |
|  | $48: New associate member (only if you already belong to another NCGA club in 2025) |

Renewing members are not required to complete the form.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Information**: (please print)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PayPal account name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PayPal associated email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if different from name above) (if different from email above)

If you have been an active member of a USGA golf club (whether in California or another state) in either of the past two years, please provide your GHIN number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For associate member applicants, please provide your primary club name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Required to register with NCGA:

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LLESA Members Eligibility**: (Check ONLY ONE box and complete additional information)

|  |  |
| --- | --- |
|  | LLNL Employee/Contractor |
|  | SNL Employee/Contractor |
|  | LLNL/SNL Retiree |
|  | LLNL/SNL Family Member |

**LLNL/SNL Employee Information**: Complete if you are a family member.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_