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) and Larry Wichter (wichter1@llnl.gov). Membership fees are paid via PayPal on the club's website: llesagolfng.org.

| Select membership: | | |
|--|-------------------------------------|------------------|
| \$95: New regular member | | |
| \$48: New associate member (only | if you already belong to another NC | GA club in 2025) |
| Renewing members are not required to com | plete the form. | |
| Date: | | |
| Applicant Information: (please print) | | |
| Name: | | |
| Address: | | |
| City, State, Zip: | | |
| Email address: | Phone #: | |
| PayPal account name:(if different from name above) | PayPal associated email: | |
| If you have been an active member of a USG past two years, please provide your GHIN nu | ımber: | |
| For associate member applicants, please pro | ovide your primary club name: | |
| Required to register with NCGA: | | |
| Gender: | | |
| Date of Birth: | | |
| LLESA Members Eligibility: (Check ONLY ON | E box and complete additional infor | mation) |
| LLNL Employee/Contractor SNL Employee/Contractor | | |
| LLNL/SNL Retiree | | |
| LLNL/SNL Family Member | | |
| | | |
| LLNL/SNL Employee Information: Complete | it you are a family member. | |
| Name: | | |
| Email address: | Phone #: | |