

2024 - WGANJ Rewards Membership Application

Date:				
(Please Print	t Clearly)			
Applicant Last Name:			First Name:	
Mailing Addre	ess:			_
REQUIRED P	Phone:			
(Your phone	# will be yo	our Rewards Ca	rd Membership ID)	
City:		State:	Zip:	
Renew	YES	NO		
WGANJ Mem	nber Numbe	r:		
E-Mail (<u>REQ</u> L	UIRED):			
			R — Administration Bldg. 362 ail to golfconcierge@csresort	21 Route 94 in Hamburg, NJ 07419 t.com
Membership	expires at t	the conclusion of		of golf or access to loyalty points. t mention WGANJ Rewards Card
REWARDS CA	ARD MEMBE	RSHIP NORMA		UNTED RATE OF \$199 FOR THE FULL
Opt in text	t messagir	ng YES YES		
			nip cards will not be issu Card member and entitl	<u>-</u>