



Senior Men's Golf Association
Application for Membership

Name: _____

Member Number: _____ Phone Number: _____

Address: _____

City & Zip: _____

Email Address: _____

Date of Birth: _____ Handicap: _____

Wife's Name: _____

Signed: _____ Date: _____

Check this box if you do not want your name, spouse's name, e-mail address and telephone number distributed to SMGA members.

Applicant must be at least 50 years old and have an established handicap. Annual dues of \$25.00 are payable with application. Make Check Payable to SMGA. Please enclose application and dues in an envelope addressed to SMGA Membership, and leave with Pro-Shop.

For additional information concerning the SMGA and to sign up for Thursday golf events go to: <http://www.smgawccc.com>.