SENIOR GOLFERS ASSOCIATION OF ATLANTA

Membership Application

Eligibility: Georgia resident & at least 55 years of age during calendar year of admission.

Applicant Name: _____ **Nickname:** _____ **DOB:** _____
Age: _____

Address: _____ **City:** _____ **State:** GA **Zip:** _____

Home Phone: (_____) _____-_____ **Mobile Phone:** (_____) _____-_____ **Retired?** [ ] Yes [ ] No

Email Address: _____ **Spouse's Name:** _____

Emergency Contact: _____ **Emer. Contact Phone:** (_____) _____-_____

Occupation (Present or Prior): _____

Avg Score (Last 10 Rounds): _____ **Rounds Played Last Year:** _____

Other Golf Club Memberships: _____

Willing to periodically assist SGAA Officers & Committees in activities? [ ] Yes [ ] No

ACKNOWLEDGMENT & SIGNATURE

It is my understanding that the Senior Golfers Association of Atlanta is governed by its Officers and Board of Directors as provided in its Constitution and Bylaws. It is further understood that, should I be found in violation of the rules of golf as outlined in the current USGA Rules Book or the Constitution and Bylaws of this association or display unsportsmanlike conduct while participating in any SGAA function, my membership will be subject to immediate termination by the Board of Directors.

Signed: _____ **Date:** _____

PAYMENT & MAILING INSTRUCTIONS

Mail application with **$50.00 check** payable to **SGAA** to:

Ted Pogue, 800 Ridgeway Road, Covington, GA 30014

($25.00 covers initiation fee upon acceptance; $25.00 covers first year's dues. Annual dues are $25.00 thereafter).

TO BE COMPLETED BY SGAA (SPONSOR AFFIRMATION)

Sponsors must be active members of S.G.A.A.

Sponsor Name	**Member #**	**Signature**
1. _____	_____	_____
2. _____	_____	_____