



Senior Golfers Association of Atlanta

Dedicated to Good Golf and Fine Fellowship

www.sgaofatlanta.org

APPLICATION FOR MEMBERSHIP

(Applicant must be Georgia Resident & at least age 55 in the month of the year of admission)

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone # _____ Mobile Phone # _____

Age: _____ Date of Birth: _____

Nick Name: _____ Spouse's Name: _____

E-Mail Address: _____

Retired? _____ Occupation (Prior to retirement or at present): _____

Average score last ten rounds: _____.

How many rounds of golf did you play during the last year? _____

Other golf club memberships: _____

Are you willing to periodically assist the Officers and Committees of the Senior Golfers Association of Atlanta in tournament and other association activities? (Yes or No) _____

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: _____

This application should be mailed with a check for \$50.00 made payable to SGAA, to: Ted Pogue. 800 Ridgeway Road, Covington, Ga 30014. \$25 will be applied cover next year's dues and \$25.00 for the initiation fee on membership acceptance. Annual dues are \$25.00 each year after initiation.

To be completed by SGAA:

Sponsor's Affirmation: (Sponsors must be members of S.G.A.A.)

NAME _____ # _____ SIGNATURE _____

NAME _____ # _____ SIGNATURE _____