

## **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	le:	Last:	-
Address:			
City:	_State:	Zip:	
Home Phone #	Mobile P	hone #	
Age:Date of Birth:		_	
Nick Name:	Spouse	's Name:	_
E-Mail Address: Retired?Occupation (Pr	rior to retireme	ent or at present):	
Average score last ten rounds:			
How many rounds of golf did you բ	olay during the	e last year?	
Other golf club memberships:			
		and Committees of the Senior Golfe activities? (Yes or No)	
Board of Directors as provided in i found in violation of the rules of go and Bylaws of this association or c	ts Constitution olf as outlined display unspo	ssociation of Atlanta is governed by n and Bylaws. It is further understood in the current USGA Rules Book or the translike conduct while participating ediate termination by the Board of Dignary is social.	d that, should I be the Constitution g in any SGAA
Signed:		Date:	
Ridgeway Road, Covington, Ga 30	0014. \$25 will	for \$50.00 made payable to SGAA, to be applied cover next year's dues an al dues are \$25.00 each year after in	nd \$25.00 for the
To be completed by SGAA:			
Sponsor's Affirmation: (Sponsors r	nust be memb	pers of S.G.A.A.)	
NAME	#S	SIGNATURE	
NAME	# 9	SIGNATURE	