

APPLICATION FOR MEMBERSHIP

TRI-COUNTY SENIOR GOLFERS ASSOCIATION

PO BOX 5106

FLORENCE, S. C. 29502

(Please print clearly)

Date: Month _____ Day _____ Year _____

Name: _____

E-mail: _____

Street: _____

City: _____

State: _____ ZIP: _____

Phone: _____

Spouse's 1st Name: _____

Birth: Month _____ Year _____

TCSGA Sponsor 1: _____

TCSGA Sponsor 2: _____

Initiation Fee \$35.00

Annual Dues \$40.00 (\$20 if joining after 30 June)

Tournament Fee \$35.00

Enclose check or money order, no cash, and mail to address in header.

Signature: _____