

American Seniors Golf Association

Application for Membership

Please return completed application to:

ASGA | P.O. Box 100 | Marstons Mills, MA 02648
p. (617) 395-8522 f. (617) 245-3965
info@ASGAgolf.org | www.ASGAgolf.org

Name of Proposed Candidate (please print or type)

First	M.I.	Last		Nickname			
Handicap Index	Index Wife's First Name				Golfer (Y/N) Wife's Handicap Index		
Proposed by:			Date:	Seconded by	y :		Date:
			Contact I	nformation	1		
MAIN ADDRESS	From:	То:		SEASONA	AL ADDRESS	From:	То:
Street				Street			
City	Sta	te	Zipcode	City		State	Zipcode
Phone	Fax			Phone	Fax		
Email address				Email addro	ess		
		В	ackgroun	d Informat	ion		
Business or Professi	on and Position	ı (if retired,	former busin	ess):			
1.51							
Military Service (if a	applicable):						
Education:							
Golf, C	ountry Clubs ar	nd other Se	enior Golf As	ssociations of	which you are c	urrently a me	mber
1.							
	Lo				cation Phone		
I.o				ocation		Phor	ne
CC Number and Ex.	Date (MC/Visa	only)	Do			1 1101	
	(2 200						

Candidates are eligible for membership at Age 55 and must have a USGA Handicap Index of 21.5 or less. Please send a one-time initiation fee of \$150 along with annual dues of \$200 for a total of \$350 or complete credit card information above.