

APPLICATION FOR MEMBERSHIP

SENIOR GOLF ASSOCIATION OF WISCONSIN, INC.

Kindly Answer All Questions Completely - Print In Ink

Name: _____

Date of Birth: _____

Trade, Business or Profession: _____

Firm or Corporation: _____

Position: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Phone (_____) _____

Residence Address: _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____

CELL:(_____) _____ **EMAIL:** _____

Member of Golf Club: _____

Other Club Affiliations: _____

Activities or Offices Held in Golf Clubs: _____

Championships Won: _____

Present Handicap: _____

Signature of Applicant: _____

Date: _____

SEND MAIL TO: Office: _____ Residence: _____

Endorsed by two current Senior Golf Association Members. (Print names below.)

Proposer: _____ Club: _____

Proposer: _____ Club: _____

Applicant must be 55 years of age or older, have amateur standing and have a golfing membership in an approved private membership golf club in Wisconsin. Applications from persons under age 55 will not be accepted.

PLEASE DO NOT SEND MONEY
SEND COMPLETED APPLICATION TO:
Senior Golf Association of Wisconsin, Inc.
11350 W. Theodore Trecker Way
West Allis, WI 53214
414-443-3567
wiseniorgolf@gmail.com