

# 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: ( \_\_\_\_\_ ) \_\_\_\_\_ *E-Mail:* \_\_\_\_\_

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**