

SOUTHERN SENIORS



GOLF ASSOCIATION

Membership Application

Name _____
(Last) (First) (MI) (Wife's First Name)

Home Address _____

City, State, Zip _____

Phone (_____) _____ Email Address _____

Mailing Address (if different) _____

Seasonal Address _____

Date of Birth _____ U.S.G.A. Handicap _____
(Month) (Day) (Year)

Name of Golf Club/Country Club _____

Address _____

City, State, Zip _____

Club Activities and Interests - Past and Present _____

Business/Profession or former if retired _____

Sponsoring Member of Southern Seniors _____

Other Southern Seniors with whom acquainted (if any) _____

Signature of applicant _____

(Date)