

APPLICATION FOR MEMBERSHIP
Indiana State Seniors Golf Association

Date _____ 20 _____

Name _____ Age _____

Address _____

City _____ Zip Code _____

Phone (_____) _____ E-mail _____

Golf Club Affiliation _____ GHIN# _____

Date of Birth: Month _____ Day _____ Year _____

Proposed By _____

Endorsed By _____

Must be signed by two (2) active members. Send to: William Paddack, Secretary - Treasurer, 2292 Wedgeway Court, Greenwood, IN 46143. Send no money. You will be billed for dues upon acceptance.

PLEASE PRINT