

Seniors Golf League

Membership Application - 2020 Season
Annual Membership Fee: \$35.00

Name: _____
(Use the name you wish to be called)

Address: _____

City: _____ State: ____ Zipcode: _____

Home Phone () _____ Cell Phone () _____

Birthday: _____ (You must be at least 55 to play.)

E-mail Address: _____

New Member Referral Program: If one of our members told you about our league, please tell us their name so we can give them a \$10.00 certificate.

Referring Member: _____

Returning Member Handicaps will carry over from the previous year.

New Applicant Handicap

Please fill in your scores for the last 5 times you played.

Score / Par

(____ / ____) (____ / ____) (____ / ____) (____ / ____) (____ / ____)

Return application and fee to:

Seniors Golf League

P.O. Box 7483

Kingsport, TN 37664