

MEMBERSHIP APPLICATION

Date _____ New Member this year _____
Name _____
Address _____ City _____ State _____ Zip _____
Contact Phone # _____ Cell Phone _____
DOB: Mo _____ / Day _____ / Year _____ Current Age _____
Email Address _____
The following is for **New Member Use Only**: Current USGA Hdcp(s) for 18 Holes _____ List courses _____
If no Hdcp - Give Avg. score for 18 Holes _____ List courses _____
List two GSSGA Members as references _____

Mail this with your 2010 membership fee of \$40.00 to: GSSGA, PO BOX 5409, Akron, Ohio 44334

----- Cut Here Before Mailing Completed Form -----