

## 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 membership fee of \$40.00 to: GSSGA, PO BOX 5409, Akron, Ohio 44334**

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