

Seniors Golf League Membership Application – 2018 Season

Annual Membership Fee: \$35.00

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

Address: _____

City: _____ **State:** ____ **Zipcode:** _____

Home Phone () _____ **Cell Phone ()** _____

Your 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**