ARIZONA SENIORS
Golf Association

17235 N. 75th Ave., Ste. D145
Glendale, AZ 85308

MEMBERSHIP APPLICATION

I hereby apply for membership in the Arizona Seniors Golf Association.

If elected to membership, I agree to be bound by the Bylaws, Rules and Regulations now in effect or hereafter adopted.

Name: _____ Nickname: _____ Age: _____

Address: _____
(STREET ADDRESS) (CITY) (STATE) (ZIP)

Phone:(_____)_____ Email address: _____

☐ Member of _____Country Club

☐ At Large Member (not a member of one of the ASGA designated country clubs)

In order to help control costs and keep your membership dues affordable, we encourage members to receive the association's communications and tournament invitations via email. We realize that is not possible for some members so still offer US Mail service. Please check your preferred method:

☐ Yes, send my communications via email ☐ I prefer my communications via US Mail

Date: _____Signature: _____

The annual dues are $75.00. Make check payable to the Arizona Seniors Golf Association.

PLEASE ATTACH CHECK WITH APPLICATION.

***Sponsored by:** _____
*The sponsor must be an Arizona Seniors Golf Association Director.

Approved by Board: _____**Date:** _____
MEMBERSHIP CHAIRMAN