

# **SALINA MUNICIPAL GOLF ASSOCIATION**

## **APPLICATION FOR MEMBERSHIP 2018**

**NEW MEMBER** \_\_\_\_\_ **RENEWAL** \_\_\_\_\_

**COST PER YEAR --- \$30.00**

**For: MEN'S LEAGUES**

**WOMEN'S LEAGUE**

**SENIOR'S LEAGUE**

**JUNIOR'S (UNDER 18)-\$10**

*Please Print*

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY, ZIP** \_\_\_\_\_

**BIRTH DATE** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**Drop-off or mail to: Salina Muni Golf Association  
2500 E. Crawford  
Salina, KS 67401**

**NOTE:**

**NEW MEMBERS IF YOU HAVE  
HAD A HANDICAP BEFORE:  
WE NEED YOUR**

**LOCAL GHIN #** \_\_\_\_\_

**Or (USGA) GHIN #** \_\_\_\_\_

