

SALINA MUNICIPAL GOLF ASSOCIATION

APPLICATION FOR MEMBERSHIP 2019

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 # _____

