

Seniors Golf League
Membership Application - 2024 Season
Annual Membership Fee: \$35.00

Returning Member:

Name: _____

If you have changes, complete only applicable lines.
Your Handicap will carry over from last year.

New Applicant:

First Name: _____ Last Name: _____

Nickname, or first name you wish to go by _____

Mailing Address: _____

City: _____

State: _____ Zipcode: _____

Home Phone: _____ Cell Phone: _____

Birthday: _____ mm/dd/yyyy (You must be at least 55 to play.)

E-mail Address: _____

Your Handicap

Please fill in your scores for the last 5 times you played.

Score / Par

(____ / ____) (____ / ____) (____ / ____) (____ / ____) (____ / ____)

Mail completed application and your check payable to Seniors Golf League.

**Seniors Golf League
P. O. Box 7483
Kingsport, TN 37664**