



THE WORLD SENIOR GOLF FEDERATION

P.O. BOX 649

ALEXANDRIA, KY 41001

EMAIL: worldseniorgolf@gmail.com

www.worldseniorgolf.com

Application For Membership

Please include a check for \$100.00 for annual dues made payable to WORLD SENIOR GOLF FEDERATION

The following gentleman is proposed for membership: (Please type or print)

NAME _____
(Last) (First) (MI) Wife's First Name

DATE OF BIRTH ____/____/____ CELL PHONE: _____
(Month) (Day) (Year)

HOME ADDRESS* _____

CITY _____ STATE _____ ZIP _____

PHONE # (____) _____ E-MAIL _____

*Please list permanent address. This address will be listed in the WSGF yearbook.

MAILING ADDRESS* _____

CITY _____ STATE _____ ZIP _____

*If different from permanent address

SECONDARY OR VACATION ADDRESS* _____

CITY _____ STATE _____ ZIP _____

*Please notify WSGF the dates you would like mail sent to this address.

ADDITIONAL PERTINENT INFORMATION

USGA INDEX _____ GHIN # _____

NAME OF GOLF CLUB/COUNTRY CLUB _____

CITY _____ STATE _____ PHONE # _____

BUSINESS/PROFESSION _____

IF RETIRED, FORMER BUSINESS/PROFESSION _____

WSGF MEMBER SPONSOR _____

MEMBERSHIP IN OTHER SENIOR GOLF ASSOCIATIONS _____

DATE SIGNED _____ SIGNATURE OF APPLICANT _____

OFFICE USE ONLY

WSGF Council Member _____ Date _____

Rec'd _____ Paid _____ \$ _____ Recorded _____ Acceptance Mailed _____