



GEORGIA SENIOR WOMEN'S GOLF ASSOCIATION 2019 MEMBERSHIP APPLICATION

RETURNING MEMBERS: Renewal Due by March 1, 2019.

Please fill in any changes from 2018.

NEW MEMBERS: PLEASE FILL IN ALL INFORMATION.

New applicants must have reached the age of 50, be a legal resident of Georgia, female and have a USGA index of 32.0 or less.

Note: New applicants may join anytime during the calendar year.

NAME: _____

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

CELL#: _____ **HOME #** _____

EMAIL: _____

DATE OF BIRTH: _____

CLUB: _____

GHIN# _____

By submitting this application to Georgia Senior Women's Golf Association (GSWGA), I agree to abide by all decisions of the GSWGA Tournament Committee, GSWGA Tournament Rules and the conditions of play pertaining to **both the Spring Championship Tournament and the Fall Team tournament**. I am aware that disqualification is the penalty for failure to do so. I release GSWGA, its committee members, officers, Board of Directors, and host club from any and all liability for any event or consequence relating to entry or participation in **either** event.

Signed the _____ day of _____, 2019

Applicant

Please send your application including the above signed Waiver of Liability and \$35 check payable to GSWGA to:

**Lena M. Tice
GSWGA Membership
2360 Ashmel Ct SW
Atlanta, GA 30311**

Your cancelled check is your receipt. Directory will be available on Website after 3/15/19.