



GSWGA 2024 Membership Application

The Premier Golf Organization for Senior Women in the State of Georgia Since 1964

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

Note: New applicants who meet these requirements may join anytime during the calendar year. Returning applicants have a grace period on handicaps until March 1st; after that, they are considered new members again.

First Name*

Last Name *

Which GSWGGA designation applies to you?

Honorary Lifetime

Member Past President

Returning Member

New Member

Email*

Mobile Phone Number *

GSWGA respects your time and inbox! Do we have your permission to send an occasional email or text?
(See our Terms of Use and Privacy Policy)

Yes, please! Sign me up!

Street Address *

Street Address 2

City *

State*

Zip *

Birthdate *

mm/dd/yyyy

PLEASE NOTE: You must be at least 50 years old to join GSWGA.

What is your home course? *

What is your Handicap Index? *

Minimum handicap index of 32.0 to apply

What is your GHIN number? *

Golf Handicap Information Network Number

May we share your information with other GSWGA members?* Yes No

By submitting this application to Georgia Senior Women's Golf Association (GSWGA), I hereby 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 also release GSWGA and 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.

I hereby grant GSWGA permission to use photographs taken at the events in web-based applications, print advertising, and association newsletters.

I hereby affirm that such release to GSWGA does not constitute any form of compensation, including royalties arising from the photographs, to my benefit.

I understand and agree that photographs in the possession of GSWGA shall become the property of GSWGA. The use and publication of the photographs, however, shall conform to my rights as a subject of said photographs.

I hereby waive my right to inspect or approve the photographs by which my likeness appears.

I hereby hold harmless, release, and forever discharge GSWGA from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Signature

Date (mm/dd/yyyy)

Print and Mail Membership Application

Please print your completed application and send with your \$50 membership fee to:

Ellen VanderLinden
c/o GSWGA Membership
328 Bennington Place
Canton, GA 30115