

Syracuse Women's District Golf Association Individual Membership Application



NAME: _____

ADDRESS: _____

PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

CLUB AFFILIATION: _____

As a member of the Syracuse Women's District Golf Association, I agree to abide by all SWDGA rules as well as USGA rules.

(signature)

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(To be completed by Club Representative)

USGA Handicap Index _____ dated _____

USGA Handicap Index _____ dated _____

Applicant has met the necessary handicap requirements for the last two consecutive marking periods.

Club Representative _____

Deadline for ALL application materials is May 1st of current year