



Michigan Seniors Golf Association Membership Application

DATE _____

NAME _____

MAILING ADDRESS _____

CITY-STATE-ZIP CODE _____

DATE OF BIRTH MONTH ____ DAY ____ YEAR ____

OCCUPATION _____

PRIMARY PHONE # _____

E-MAIL ADDRESS _____

GAM # _____ WIFE'S NAME _____

CURRENT CLUB AFFILIATION _____

PRIOR CLUB AFFILIATION AND YEARS YOU WERE A MEMBER

_____ FROM ____ TO ____

SPONSOR _____

ADDITIONAL MSGA MEMBERS KNOWN (At least two) _____

I authorize the Michigan Seniors Golf Association to verify all statements and representations made by me or on my behalf. If accepted, I agree to abide by the rules of the Association and know that the initiation fee of \$200 and the first year's dues of \$110 are non-transferable and non-refundable.

APPLICANT SIGNATURE _____

SPONSOR SIGNATURE _____