

The COLORADO
SENIOR GOLFERS' ASSOCIATION



APPLICATION FOR MEMBERSHIP

RETURN TO:

JERRE HAUSE 7574
S Elkhorn Mtn.
Littleton CO 80127

(303) 475-0217

Date: _____

I hereby apply for membership in The Colorado Senior Golfers' Association and agree to abide and be bound by the constitution, by-laws, regulations and rules of the Association now in force, or as hereafter changed or amended.

Name (in full): _____ Age: _____ Date of Birth _____
Month / Day / Year

Occupation: _____ * Member of: _____ Club

Business Address: _____ Residence Address: _____

Business Phone: _____ Residence Phone: _____

*Email: _____ Signature of Applicant _____

*Proposed by: _____ *Seconded by: _____
(Note to Applicant: Do not submit entrance fee until receipt of notification of election)

Date of Election _____ 20 _____

Secretary

*GHIN# _____