MEMBERSHIP APPLICATION
FREE STATE SENIORS GOLF ASSOCIATION OF MARYLAND, INC.

Full Name of Applicant _____
First Mi. Last

Address_____
Street City State Zip

Home Tel._____ Business or Cell # _____

Date of Birth_____ Wife's Name_____
Month Day Year

E-Mail Address_____ Current Handicap_____

Free State Sponsor_____
Signature Print Name Club

I hereby certify that I am a member in good standing of:

_____
Club Name Applicant signature and Date

And if accepted for Membership, I agree to abide by the rules of the
FREE STATE SENIORS GOLF ASSOCIATION of MARYLAND, INC.

NEW MEMBER APPLICANT INFORMATIONAL NOTES

1) The objective of the **ASSOCIATION** is to provide **SENIOR GOLFERS** throughout the State the opportunity to enjoy competitive golf and good fellowship.

2) The minimum age of an applicant filing a Membership Application is 49 years. The minimum age for full Membership is 50 years.

3) Membership in the Association is maintained at approximately 375 with only 30 members from the same Club. New applicants are placed on the waiting list and approximately 50 are offered membership at the beginning of the year. When new members are invited to join they will be asked to pay an initiation fee and their annual dues.

4) Please submit your completed application to: Mr. Bill Stricker, Executive Secretary, **FREE STATE SENIORS GOLF ASSOCIATION of MARYLAND**, Inc. Post Office Box 396, Finksburg, MD 21048. If you have any questions, please call 410 790-3304 or e-mail stricker1@verizon.net .

5) Membership applications require approval by the Membership Committee and the Board of Directors.

6) The Executive Secretary will notify the Applicant when his application is received and will also invite him to join when his application is approved and there is an opening for membership.