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 (MM/DD/YYYY)_____ Wife's Name_____

E-Mail Address_____ Current Handicap Index_____

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) The maximum membership in the Association is 375 with only 30 members from the same Club. When new members are invited to join, they will be asked to pay their annual dues that are currently $65.

4) Please submit your completed application to:

Mr. Jim Horn, Executive Secretary
37 Hayride Lane
Taneytown, MD 21787

If you have any questions, call (443) 977-9238 or e-mail freestateseniorsgolf1971@gmail.com