

# SENIOR GOLF ASSOCIATION OF WISCONSIN, INC.

11350 West Theodore Trecker Way

West Allis, WI 53214-1135

(414) 443-3567

wiseniorgolf@gmail.com

www.sgaw.org

## MEMBERSHIP APPLICATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Trade, Business or Profession: \_\_\_\_\_

Firm or Corporation: \_\_\_\_\_

Position: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Member of Golf Club: \_\_\_\_\_ WSGA Handicap ID # \_\_\_\_\_

Other Club Affiliations: \_\_\_\_\_

Activities or Offices Held in Golf Clubs: \_\_\_\_\_

Championships Won: \_\_\_\_\_ Present Handicap: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Endorsed by two current Senior Golf Association Members. (Print names below.)

Proposer: \_\_\_\_\_ Club: \_\_\_\_\_

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Applicant must be 55 years of age or older, have amateur standing and have a golfing membership in an approved private membership golf club in Wisconsin. Applications from persons under age 55 will not be accepted.

**SEND COMPLETED APPLICATION AND ANNUAL DUES (\$55) TO:**

**Senior Golf Association of Wisconsin  
11350 W. Theodore Trecker Way  
West Allis, WI 53214  
414-443-3567  
wiseniorgolf@gmail.com**