

Senior Ladies Golf League

Membership Application Annual Membership Fee: \$20.00

Name: _____
(Use the name you wish to be called)

Address: _____

City: _____ State: _____ Zipcode: _____

Home Phone () _____ Cell Phone () _____

Birthday: _____ (You must be at least 55 to play.)

E-mail Address: _____

New Applicant Handicap

Please fill in your scores for the last 5 times you played.

Score / Par

(____ / ____) (____ / ____) (____ / ____) (____ / ____) (____ / ____)

Return application and fee to:

Senior Ladies Golf League (Check Payable to SLGL)

C/O Jo Ann Andrews

1289 Fall Creek Road

Kingsport, TN 37664

If you have an annual membership to any of the courses we will be playing please list below:
