SIR AREA 18 GOLF CLUB 53-103 NEW MEMBER/REINSTATEMENT APPLICATION

PLEASE PRINT CLEARLY AND RETURN COMPLETED APPLICATION TO YOUR BRANCH GOLF CHAIRMAN

DATE:	BRANCH #:
LAST NAME	FIRST NAME
MAILING ADDRESS	
CITY	CAZIP CODE
PHONE NUMBER:	DATE OF BIRTH:
EMAIL ADDRESS If you have been a member of NCGA or any Githe past two years, complete the following: GHIN NUMBER:	
NAME OF CURRENT OR FORMER GOLF C	LUB OR ASSOCIATION
MEMBER'S SIGNATURE	
The above new/returning golfer is currently a member in good standing of SIR.	
SIGNATURE OF BRANCH GOLF CHAIRMA	N
The new/returning golfer has paid the appropriate fees.	

SIGNATURE OF AREA 18 GOLF TREASURER