

ARKANSAS STATE GOLF ASSOCIATION

2019 Membership Application

Please send completed form and \$30 (checks payable to the ASGA) to:

P.O. Box 30250
Little Rock, AR 72260

*Please complete every line and print clearly:

Name: _____

Male: Female:

Address: _____

City: _____ Zip: _____

Email: _____

Phone Number: _____

Date of Birth: _____

Home Club or Course: _____

Are you a previous member? Yes: No:

If Yes, what is your GHIN Handicap Index Number (if known)? _____

Fill out the information below if you're interested in purchasing an ASGA Golf Shirt (\$45 each)

Please also send me ___ Men's Golf Shirt(s) Size(s): _____

Please also send me ___ Women's Golf Shirt(s) Size(s): _____

The ASGA Staff is here to answer any of your questions.
Please don't hesitate to contact the office at 501-455-2742.

Jay Fox
Executive Director

Brooks Morgan
Dir. of Member Services

Bryant Fortin
Dir. of Women's Golf



