

# ARKANSAS STATE GOLF ASSOCIATION

## 2023 Membership Application

Please send completed form and \$50 (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)? \_\_\_\_\_



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

