

# ARKANSAS STATE GOLF ASSOCIATION

## 2024 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.

