

# ARKANSAS STATE GOLF ASSOCIATION

## 2024 Junior Membership Application (Juniors ages 18 & under)

Please send completed form and \$40 (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:** \_\_\_\_\_ **Parent's Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Home Club or Course:** \_\_\_\_\_

**Are you a previous junior member?**    **Yes:** ☐    **No:** ☐

**If Yes, what is your GHIN Handicap Index Number (if known)?** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Mother's Name:** \_\_\_\_\_



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

