APPLICATION FOR MEMBERSHIP

SC SENIOR WGA

Name_____ _____
(Last) **(First)**

Address_____

City_____ **Zip**_____

Telephone (_____)_____ **Birth Year**_____

Club_____ **GHIN #**_____

E-Mail Address_____

_____Full Time SC Resident **_____Part Time SC Resident**

Please fill in form before printing or print clearly. ALL information is required for membership.

✂…✂…✂…✂…✂…✂…**Cut here and mail upper portion with $15 check...**✂…✂…✂…✂…✂…✂

Membership Requirements

Article III – Section 1. Any woman amateur golfer, who has reached the age of fifty years, is a legal resident of the State for at least six months each year, and holds a current USGA Handicap Card is eligible for membership subject to the

Membership Committee procedure. Six month residents may play in any one-day tournament. Only full time South Carolina residents may play in the Championship Tournament.

Section 4. Membership requirements must be met annually to retain membership in this Association unless a special exemption has been given by the Board of Directors. A member shall be required to play in a minimum of ONE Senior tournament each calendar year.

Mail completed application along with your check for $15 annual dues payable to SCSWGA to -

Rose Matera
Membership Chairman
2240 Bee Ridge Road
Columbia, SC 29223
803-419-8416

Upon receipt of this application, your eligibility will be verified and you will be notified.