

**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

Make checks payable to SCSWGA

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

✂...✂...✂...✂ Cut here and mail upper portion with \$20 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.

Mail completed application along with your check for \$20 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.