

THE HOLLOWES SENIOR MEN'S ASSOCIATION 2019 MEMBERSHIP APPLICATION

I WOULD LIKE TO JOIN THE HOLLOWES SENIOR MEN'S GOLF ASSOCIATION:

Name _____

Home Phone _____ Cell Phone _____

Address _____

City _____ State _____ ZIP _____

Email Address _____

Date of Birth _____

Are you primarily a:

- Rider
- Walker

Do you play primarily from the:

- Gold Tees
- Forward Tees

Membership includes: All Monday activities including reserved tee times, special tournaments, season ending special event, VSGA Handicap System, and the VSGA Magazine.

CHECK ONLY ONE:

_____ HOLLOWES GOLF CLUB MEMBER.....\$45.00

_____ NON-CLUB MEMBER.....\$65.00

Please return this application with cash or check payable to **The Hollowes Senior Men's Golf Association** to Bob Passmore, Ron Gotschalk, or Bob Cruikshank by February 28th or as soon as possible.

RECEIPT

Received of _____ \$ _____

By: _____ Date: _____