



Northeast Florida Senior Golf Association
APPLICATION FOR MEMBERSHIP

Last Name _____ First _____

Address _____

City _____ State _____ Zip _____

Age _____ Date of Birth _____ Telephone _____

Club Handicap _____ (Also enclose copy of your USGA handicap index card.)

E-mail Address _____

MEMBERSHIP FEES:

OUR YEAR IS JANUARY 1ST THROUGH DECEMBER 31ST

NEW MEMBERSHIP FEE: JANUARY 1 – DECEMBER 31 = \$50.00

THIS COVERS: INITIATION FEE \$13.00

ANNUAL DUES \$35.00

HOLE IN ONE \$ 2.00 (Mandatory)

ANNUAL DUES ARE \$35.00 DUE BEFORE DECEMBER 31ST

When this application is completely filled out by applicant and signed by the Club Representative or active club member

MAKE CHECK PAYABLE TO N.E.F.S.G.A. AND MAIL WITH APPLICATION TO:

Fred Lloyd

3212 Connemara Dr.

Ormond Beach Fl. 32174

APPLICANTS SIGNATURE _____

Club _____ Date _____

APPROVED BY:

Club Rep. or Active Member _____ Date _____

Those with computer internet access check our website - <http://nefsga.com>