

Proposal for Membership in

*Date Received*_____

The Virginias Seniors Golf Association

Name of Proposed Member_____

Preferred Mailing Address_____

Date of Birth_____

Home Tel Number_____ Cell Tel Number_____ Work Tel Number_____

Preferred Email Address_____

Golf Club Membership_____ GHIN Number_____

Profession or Occupation_____

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Proposed by_____ Length of Acquaintance_____

Please provide information and background facts regarding eligibility:

Signature and Telephone or Email of Proposer_____

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Name of Second_____ Length of Acquaintance_____

: Please provide information and background facts regarding eligibility:

Signature and Telephone or Email of Second_____

(Use Back As Necessary)