

**NEW MEMBERS APPLICATION
SYRACUSE WOMEN'S DISTRICT GOLF ASSOCIATION**

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

CLUB AFFILIATION: _____

The Applicant agrees to abide by the Syracuse Women's District Golf Association Rules as well as USGA Rules.

(Signature)

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(To be completed by Club Representative)

The Applicant has a minimum of 10, 18 hole scores (April to April). A screen copy of the proposed members Ghin Handicap History is included to support the requirement of a handicap index of 22.4 or below for the last two consecutive handicap periods. (Revision scores closest to the 1st and 15th of a month will be used.)

(Club Representative)