

*** APPLICATION ***

Syracuse Women's District Golf Association

NAME: _____

ADDRESS: _____

PHONE: _____

CELL PHONE: _____

E-MAIL ADDRESS: _____

CLUB AFFILIATION: _____ GHIN # _____

As a member of the Syracuse Women's District Golf Association, I agree to abide by all SWDGA rules as well as USGA rules.

(Signature)

(Club Representative)

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(To be completed by 1st VP and Handicap Chairperson)

USGA Handicap Index _____ dated _____

USGA Handicap Index _____ dated _____

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

1st VP _____