

* APPLICATION *

Syracuse Women's District Golf Association

NAME: _____

ADDRESS: _____

PHONE _____ CELL PHONE _____

EMAIL ADDRESS: _____

CLUB AFFILIATION: _____

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)

1. USGA Handicap Index _____ dated _____

2. USGA Handicap Index _____ dated _____

Applicant has met the necessary handicap requirements for the last two consecutive marking periods.

Club Representative _____
(signature)