APPLICATION FOR MEMBERSHIP
2017

Name (1)_____
please print underline preferred first name

Spouse/Partner (2)_____
please print underline preferred first name

Is Spouse/Partner applying for membership? Yes____ No_____

Mailing address _____
_____ Postal Code_____

Telephone: (applicant 1) _____ (applicant 2) _____

E-Mail: (applicant 1)_____ (applicant 2)_____

Date of Birth: (applicant 1) _____ (applicant 2)_____

Home Golf Club: (applicant 1)_____ (applicant 2)_____

Handicap Index: (applicant 1) _____ (applicant 2) _____

Signature of applicant 1 _____

Signature of application 2 _____
Date of application _____

Proposer Signature _____
Name (Please Print) _____

Proposer Signature _____
Name (Please Print) _____

Annual Dues: Single $80, Couple $100
Initiation Fee: Waived for 2017
Make cheque payable to MSGA

MAIL TO : MSGA
PO Box 970
Windsor, NS
B0N 2T0