



P.O. Box 3084 * Scottsdale, AZ 85271

SWSGA 2009 MEMBERSHIP APPLICATION

Please fill out this form and mail with your check for \$125.
Make checks payable to SWSGA

NAME: _____

ADDRESS: _____

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STATE: _____

ZIP: _____

AGE: _____

DOB: _____

Home Phone: () _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

_____ PRO _____ AMATEUR _____ HANDICAP

*USGA rules apply in all tournaments.
Membership is subject to committee approval.*

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