

N.E.F.S.G.A.

NORTHEAST FLORIDA SENIOR GOLF ASSOCIATION, INC.

APPLICATION FOR MEMBERSHIP

Last Name _____ First _____

Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

Date of Birth _____ (must be 50 or older)

GHIN Number (Required) _____ Club _____

Membership Dues:

Annual Membership Dues: **\$65.00**

Please use the link below to pay by credit card and email the application to:

[NEFSGA Dues](#)

Fred120@Bellsouth.net

Upon acceptance you will receive an initial email explaining how to sign up for future events.

APPLICANTS SIGNATURE _____

Date _____