

SMGA MEMBERSHIP APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No. _____ Cell Phone No. _____

E-Mail Address: _____

USGA Handicap Index _____ GHIN No. _____

1. Are you available to serve on the SMGA Board of Directors or a SMGA Committee on a year round basis? Yes ___ No ___

2. If nominated, would you agree to be elected and serve on the SMGA Board of Directors? Yes ___ No ___

If requested, would you agree to serve on the following committees? Each committee's function and role is described in the SMGA By-Laws.

Golfing Events Committee	Yes ___	No ___
Rules Committee	Yes ___	No ___
Handicap Committee	Yes ___	No ___
Membership Committee	Yes ___	No ___
By-Laws Committee	Yes ___	No ___
Nominating Committee	Yes ___	No ___

The annual membership fee is \$25.00. Please make check payments payable to the SMGA. Return your completed application and annual dues payment to the Pro Shop for delivery to the Membership Committee for processing. Applicant is immediately eligible to participate in all SMGA golfing events on a *temporary membership basis* pending approval or rejection of his permanent status membership into the SMGA by the Membership Committee. An applicant whose unethical or unlawful behavior reflects unfavorably on the SMGA may have his membership rejected, suspended or terminated.

Signature: _____ Date: _____