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Phone 254.968.2200      www.legendsccestherville.com  
Fax 254.965.4701

# MEN'S/WOMEN'S GOLF ASSOCIATION

## Membership Application

I am interested in joining the MEN'S or WOMEN'S Golf Association. Please circle one.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Children's Names \_\_\_\_\_

Annual Dues: Men \$25  
                  Women \$20

Please return to Pro Shop.