



## APPLICATION FORM

I hereby make application for membership in the Stationers' Golf Association and, if elected, promise to recognize the authority of all Officers and Committees and to comply with the by-laws.

(Please type or print clearly in all the spaces, using "none" in those that do not apply)

NAME: \_\_\_\_\_  
DATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_  
ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
GHIN#: \_\_\_\_\_  
GOLF CLUB MEMBERSHIP: \_\_\_\_\_  
PROPOSED BY: \_\_\_\_\_

**Please return this form with a check made to the Stationers' Golf Association for the annual dues of \$150.00\* to:**

Dr. Charlie Neidorff  
400 South Oyster Bay Road, Suite 206  
Hicksville, NY 11801

The above application approved:

\_\_\_\_\_  
\_\_\_\_\_

Membership Committee

**\*You may also include the additional \$10 fee to join Match Play.**