

2024 LAGA MEMBERSHIP APPLICATION

MEMBERSHIP FEE: \$55.00

(CHECK ONE!!!) RENEWAL _____ NEW MEMBER _____

RENEWING MEMBERS: CHECK HERE IF ALL CONTACT INFORMATION IS CURRENT: _____

ALL OTHERS: FILL OUT ALL FIELDS BELOW OR YOUR APPLICATION CANNOT BE PROCESSED!

Call Vice President Dan Turnham with any questions- 505-340-8694. For more information visit www.abqlaga.org

NAME _____ PHONE # _____

Address: _____ CITY _____ ST: _____ ZIP _____

I wish to PLAY in the WEDNESDAY LEAGUE: YES: _____ NO: _____ (Limited Availability)

E-MAIL ADDRESS: _____

(needed if you want your new handicap e-mailed to you by GHIN thru Sun Country Amateur Golf Association each time it is revised)

****NEW MEMBER INFO: PREVIOUS GHIN # (or "none")**

PREVIOUS CLUB/ASSOCIATION

SEP (You will keep same GHIN# if you have been actively using it during the last two years)

I agree that I will play by the USGA Rules of Golf, LAGA local rules, & post scores as required.

SIGNATURE: _____ DATE: _____

MAKE CHECK PAYABLE TO LOS ALTOS GOLF ASSOCIATION. ATTACH CHECK OR CASH TO THIS FORM AND DEPOSIT TURN IN AT FRONT DESK OR SIGNUP ON OUR WEB PAGE USING PAY PAL

Questions???: visit <http://abqlaga.org/>

-----OFFICIAL USE ONLY-----

DATE _____ CH# _____ CASH: _____ Date Entered: _____

New Ghin # _____ By: _____