



Trans-Mississippi Golf Association

Club Member Application for the Year _____

This club applies for membership in the Trans-Mississippi Golf Association and pledges to support the activities of the Trans-Mississippi Golf Association and the Trans-Mississippi Turf Scholarship Fund as well as to promote the game of golf and preserve its present high standard.

Official Name of Club: _____

Club Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Club Website: _____

Other golf associations of which this club is presently a member:

1. _____

2. _____

3. _____

Annual Dues \$300

A check for \$300.00 for payment of annual dues must accompany this Club Membership Application. Please make check payable to **Trans-Mississippi Golf Association** and mail to:

Trans-Mississippi Golf Association
1201 Wakarusa Drive, Suite B5
Lawrence, KS 66049

General Manager: _____

Email: _____

Club Superintendent: _____

Email: _____

Club Golf Professional: _____

Email: _____

This application submitted by: _____

Title: _____

Date: _____

Any Questions, contact:

Trans-Mississippi Golf Association

Phone: (785) 842-0155

Email: golf@trans-miss.com

www.trans-miss.com