

Renew Membership Form

Personal Information

Email: * _____
ID#: * _____
Last Name: * _____
First Name: * _____
Address: * _____
City: * _____
State: * _____
Zip Code: * _____
Area Code: * _____
Phone: * _____
Gender: * _____
Date of Birth: * _____
(mm/dd/yyyy)
Current Division: * _____

I want to Renew/Transfer to: Renew Transfer

Division 1 – Friday _____
 Division 2 – Friday _____
 Division 3 – Thursday _____
 Division 4 – Thursday _____
 Division 5 – Thursday _____
 Division 9 _____

Placement into Divisions 1-5 will be determined by membership chair.

Do you want to play in a second division? Yes No

If you want to play in a second division please fill out a second New member Form.

Grand Total: _____
(Must NOT be \$0.00)

I want to help!

Are you interested in serving on the Board or one of the Committees? Yes No

Please Make Checks Payable to Metro Seniors Golf.
Send all payments to:

Metro Seniors Golf
Attn: Dennis Carter- Treasurer
1303 Eaglebrooke Ct.
Ballwin, MO 63021