

Metro St. Louis Seniors Golf Association
Membership Renewal Form

Email:* _____

ID#:* _____

Last Name:* _____ First Name:* _____

Address:* _____

City:* _____ State:* _____

Zip Code:* _____

Area Code:* _____ Phone:* _____

Gender:* Male Female

Date of Birth
(mm/dd/yyyy)* _____

Circle Your Current Division:* 1 2 3 4 5 9

Circle the Division you want to Renew/Transfer to: 1 2 3 4 5 9

(You **CAN** join more than one (1) division)

Make check amount for the total amount of the divisions selected - \$60.00 for each 18 Hole Division you select and/or \$28.00 if Division 9 is selected.

Make check payable to: Metro Seniors

Mail check and completed form to: Dan Glenzy
14 London Court
O'Fallon, MO 63366

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