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**THE SUNSHINE STATE AMATEUR GOLFERS ASSOCIATION, INC.**

**ASSOCIATE MEMBERSHIP APPLICATION**

Date of Application: \_\_\_\_\_

Name: (Please Print) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**SSAGA Associate Membership Fee:**

A fee of \$125.00 will be submitted with this application. Members are subject to renewal each year.

**SSAGA Admission Criteria:**

All SSAGA Associate Members if accepted are expected to:

1. Participate in SSAGA sanctioned tournaments.
2. Support the SSAGA's Junior Golf Program or other charitable programs.
3. Adhere to the SSAGA's By-Laws and operating procedures as set forth by the SSAGA.

**Agreement**

I, submit this application with the full understanding of the SSAGA's Admission Criteria and Admission Fees and hereby pledge to abide by the rules and regulations as approved and governed by the Sunshine State Amateur Golfers Association, Inc. (SSAGA)

\_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Please mail application with check made payable to SSAGA to:

**Sam Brown**

Sunshine State Amateur Golfers Association, Inc. (SSAGA)

P.O. Box 3975

Boynton Beach, FL 33424

[ssagaf@yahoo.com](mailto:ssagaf@yahoo.com)

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