ARKANSAS STATE GOLF ASSOCIATION

2026 Junior Membership Application

(Juniors ages 18 & under)

Please send completed form and $40 (checks payable to the ASGA) to:
P.O. Box 30250
Little Rock, AR 72260

***Please complete every line and print clearly:**

Name: _____ Male: ☐ Female: ☐

Address: _____

City: _____ Zip: _____

Email: _____ Parent's Email: _____

Phone Number: _____

Date of Birth: _____ Age: _____

Home Club or Course: _____

Are you a previous junior member? Yes: ☐ No: ☐

If Yes, what is your GHIN Handicap Index Number (if known)? _____

Father's Name: _____ Mother's Name: _____

The ASGA Staff is here to answer any of your questions.
Please don't hesitate to contact the office at 501-455-2742.