

ARKANSAS STATE GOLF ASSOCIATION

2026 Membership Application

Please send completed form and \$50 (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: _____

Phone Number: _____

Date of Birth: _____

Home Club or Course: _____

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

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



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