

# GUEST REGISTRATION FORM



## PLEASE TELL US ABOUT YOURSELF \*

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_ Zip \_\_\_\_\_

Is this your 1st meeting? \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Plan to join tonight? \_\_\_\_\_

**National Policy:** Guest may attend one (1) meeting or golf outing, then dues must be paid for continued participation.

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\* **PRIVACY POLICY:** All info to remain private within ASGA and is not to be distributed or used for non-ASGA related purposes.

**CHAPTER LEADERS:** Upon completion, fax to ASGA National Headquarters at **1-888-465-3295** or go to [SinglesGolf.com](http://SinglesGolf.com) and enter the above information into the database (go to **ADD A GUEST** link on far left area of home page).