

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 and enter the above information into the database (go to **ADD A GUEST** link on far left area of home page).