



Association des Seniors Golfeurs du Grand-Duché de Luxembourg asbl

Member of the European Seniors Golf Association

APPLICATION FOR MEMBERSHIP

(to complete and return by fax +352 34 83 91 or email à contact@asgl-golf.eu)

WRITE IN CAPITAL LETTERS PLEASE

LASTNAME :	
FIRSTNAME :	
HOME ADRESSE :	
BIRTH DATE :	
TEL. FIXE / MOBILE :	
EMAIL :	
MEMBRE GOLF CLUB :	
HCP :	
LICENCE NUMBER:	

I authorize the Association to spread my data with his members (YES / NO) : _____

Date : _____

Signature : _____

Refer to the ASGL WEB site (www.asgl-golf.eu) for the conditions of membership and the contribution.