

# MEMBERSHIP APPLICATION



**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**D.O.B.** \_\_\_\_\_ *(If over the age of 50, you may be required to show proof of birth date)*

**How did you hear about the tour?:** \_\_\_\_\_

## HANDICAP INFORMATION

<input type="checkbox"/> <b>I have an established handicap with a golf club.</b> <b>Club name/member#</b> _____ <b>or GHIN#</b> _____
<input type="checkbox"/> <b>I don't have an established handicap and would like the Long Shots Tour to provide one for me.</b>

**I have read and agree with the terms and format that are stated on the Long Shots Tour website.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Long Shots Tour**  
**1112 NW 140th Terrace**  
**Edmond, OK 73013**