

Lake Gaston Golf Club Association  
PO Box 487, Gasburg, VA 23857  
434-577-2888

**Membership Application**

(Please complete all areas, do not leave any blank lines)

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

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

City, State, Zip: \_\_\_\_\_

Telephone - Daytime: \_\_\_\_\_

Evening: \_\_\_\_\_

Weekends: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I AGREE TO BE BOUND BY THE BY-LAWS AND REGULATIONS OF THE LAKE GASTON GOLF CLUB ASSOCIATION, NOW IN EFFECT AND HEREINAFTER ADOPTED:

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

Other comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Association Use Only

Check No: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_