

# PHLGA

## MEMBERSHIP APPLICATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL \_\_\_\_\_

CONTACT NUMBER \_\_\_\_\_

**SELECT AND CIRCLE:**      **18 HOLER**                      **9 HOLER**

**SELECT AND CIRCLE:**      **NEW APPLICANT**                      **RETURNING MEMBER**

### **FEES:**

18 holer ANNUAL FEE \$75.00   Includes **Mandatory** \$40.00 for GHIN Handicap

18 holer ANNUAL FEE \$35.00   With GHIN **established elsewhere**

9 holer ANNUAL FEE \$35.00

9 holer ANNUAL FEE \$75.00   REQUESTING GHIN HANDICAP (**Optional**)

Make check payable to: **PHLGA.....**

Send to :

SUE CLANCY

239 HASTINGS BLVD.

BROOMALL, PA 19008

Contact For Information: Joan Brennan 610-585-1688 (joanmbrennan@gmail.com)