

PHLGA

MEMBERSHIP APPLICATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL _____

CONTACT NUMBER (cell preferred) _____

SELECT AND CIRCLE: 18 HOLER 9 HOLER

SELECT AND CIRCLE: ** NEW APPLICANT RETURNING MEMBER

****NEW APPLICANTS ONLY! CALL BEFORE APPLYING**

CALL: KERRY DOLAN..610-331-9710

18 holer ANNUAL FEE \$100.00 Includes **Mandatory** \$50.00 for GHIN Handicap

18 holer ANNUAL FEE \$50.00 With GHIN **established elsewhere (note where)**

9 holer ANNUAL FEE \$50.00

9 holer ANNUAL fee \$100.00 for applicants requesting ghin (**Optional/encouraged**)

checks payable to: **PHLGA.....**

SEND TO: sue clancy..501 sill overlook..newtown square...19073

VENMO: RETURNING MEMBERS ONLY!!.....@sueclancy1

Contact For Information: Kerry dolan..610-331-9710..kerrydolan222@gmail.com