

PHLGA  
MEMBERSHIP APPLICATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

PREFERRED NUMBER \_\_\_\_\_

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

**FEES:**

18 holer ANNUAL FEE \$70.00   Includes Mandatory GHIN Handicap

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

9 holer ANNUAL FEE \$35.00

**Exception...**9 holer ANNUAL FEE \$70.00   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)