

# 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**

**\*\*\* returning members note any info or address changes**

### **FEES:**

18 holer ANNUAL FEE \$70.00   Includes **Mandatory** GHIN Handicap

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

9 holer ANNUAL FEE \$35.00

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)