

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 joan brennan before applying 610-585-1688**

**FEES:**

18 holer ANNUAL FEE \$80.00 Includes **Mandatory** \$40.00 for GHIN Handicap

18 holer ANNUAL FEE \$40.00 With GHIN **established elsewhere**

9 holer ANNUAL FEE \$40.00

9 holer ANNUAL FEE \$80.00 APPLICANTS REQUESTING GHIN HANDICAP **(Optional/encouraged)**

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

Send to :

SUE CLANCY

501 Sill Overlook

Newtown Square, PA 19073

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