

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

****PLEASE CALL JOAN BRENNAN BEFORE APPLYING 610-585-1688**

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)