

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

****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)