



PBGN Membership Form 2017

Name: _____

Address: _____ City/Zip: _____

Email address where you'd like to receive PBGN Newsletters & Flyers: _____

Home Ph: _____ Cell: _____

Date of Birth: Month _____ Day _____

▪ I am interested in being on a committee and/or serving on the Board. YES NO

▪ I am also a member of other golf associations? YES NO

If yes, which ones? _____

▪ I am a member of the following golf clubs/courses. YES NO

If yes, please list. _____

▪ Do you have a handicap established? YES NO

If yes, what service are you using? _____

Please sign me up for the following:

_____ \$50 Annual Membership Fee (January to December)

(The following are optional)

_____ \$25 USGA Handicap Service (Now till Feb 1st of next yr.)

_____ \$ 5 Hole-in-one pot (Annually or until it's won)

_____ \$ Total Paid

Check No. _____

▪ Do you wish to receive PBGN's By-Laws via digital or hard copy? _____