



## PBGN Membership Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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 index established? YES  NO

• If yes, GHIN # \_\_\_\_\_ or GolfNet# \_\_\_\_\_

\_\_\_\_\_

***Please sign me up for the following:***

\_\_\_\_\_ \$60 Annual Membership Fee (January to December)

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

\_\_\_\_\_ \$ Total Paid

Check No. \_\_\_\_\_