



## BERKS COUNTY GOLF ASSOCIATION 2009 Membership Application

In order to participate in BCGA events, you must become a member of the Association.

**NOTE: Memberships will NO longer be accepted with tournament entry forms.**

**COST: \$10.00** (If received by the BCGA prior to or on May 15, 2009 or \$25.00 after May 15, 2009)

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### BCGA 2009 Membership Application

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (9 am—5 pm) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone: (Evening) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you a resident of Berks County? Yes No, please list \_\_\_\_\_

Club Affiliation: \_\_\_\_\_

GHIN Handicap #: \_\_\_\_\_

Home E-Mail: \_\_\_\_\_

Work E-Mail: \_\_\_\_\_

Would you like to **Volunteer** to help with any of the BCGA events?

\_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, please check:

\_\_\_\_\_ Junior Championship \_\_\_\_\_ a BCGA Committee

\_\_\_\_\_ Marshal/Spotter/Starter/etc.; please list event \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

**Signature**

**of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

Send this completed form with a check made payable to: **BCGA** and mail to:

**BCGA - 2009 Membership**  
**36 Brookfield Drive, Fleetwood, PA 19522**