



# Bermuda Golf Association

## Application for Membership / Renewal

If you are interested in joining the Bermuda Golf Association please complete the form below and send to: Bermuda Golf Association, PO Box HM 433, Hamilton HM BX, Bermuda.

Annual Membership - \$45 (1<sup>st</sup> January – 31<sup>st</sup> December); 6 months - \$22.50 (1<sup>st</sup> July – 31<sup>st</sup> December)

**Please print and complete the form in full.**

### Personal Information

Name: \_\_\_\_\_ Date of Birth: (mm/dd/yy) \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address (preferred): \_\_\_\_\_

### Golfing Information

Are you a member of a golf club? \_\_\_\_\_ Please state club name: \_\_\_\_\_

Have you ever been a member of the Bermuda Golf Association? \_\_\_\_\_

Do you have a GHIN#? Please state (if known): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby apply for membership of the Bermuda Golf Association and, if accepted, will abide by the Constitution and Rules of the Association and any regulations made by the General Committee. I declare that I am an amateur golfer.

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**Methods of Payment (please tick)**  Online transfer  Visa  MasterCard  Discover  Check

i) Online transfer details: Bank of Butterfield account # 20-006-060-072135-100 - Bermuda Golf Association (Please include your name so we can correctly identify it).

ii) Credit Card # : \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Cardholders signature: \_\_\_\_\_

iii) Check made payable to - Bermuda Golf Association, P O Box HM 433, Hamilton HM BX, Bermuda