



# 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 - \$50 (1<sup>st</sup> April – 31<sup>st</sup> March); 6 months - \$25.00 (1<sup>st</sup> October – 31<sup>st</sup> March)

**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: \_\_\_\_\_ CVC \_\_\_\_\_

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

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