

## **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 - \$50.00 (1st January - 31st December); 6 months (or part thereof) - \$25.00 (1st July-31st Dec.)

Please print and complete the form in full.

Personal Informa	tion
------------------	------

Na	lame: Date of Birth (mm/dd/yy):				
Add	dress:				_
Wo	ork Phone:	Home Phone:	Cell Ph	one:	
Em	nail address (preferred):				_
Go	olfing Information				
Are	e you a member of a golf club	? Please state c	ub name:		_
Hav	ve you ever been a member c	f the Bermuda Golf Associa	ation?		
Do	you have a GHIN#? Please st	ate (if known):			_
Sig	nature:	D	ate:		
I he	ereby apply for membership of the B ociation and any regulations made b	ermuda Golf Association and, if a	ccepted, will abide by the	Constitution and Rules of t	he
***	*********	********	*******	********	<b>*</b> *
Me	ethods of Payment (please tic	<b>k)</b> □ Online transfer □Vi	sa 🗆 MasterCard	☐ Discover ☐ Che	ck
i)	Online transfer details: Bank (Please include your name so			00 - Bermuda Golf Asso	ciatior
ii)	Credit Card #:		_ Expiry Date:	CVC	_
	Cardholder Name:		_ Cardholders Signa	ture:	
iii)	Check made payable to - Ber	muda Golf Association, P O	Box HM 433, Hamilt	on HM BX, Bermuda	