



Membership Application Form

| | Member | Spouse |
|--------------------------------|--------|--------|
| First Name | | |
| Last Name | | |
| Date of Birth | | |
| Primary Handicap Number | | |
| Primary Handicap Association | | |
| Secondary Handicap Number | | |
| Secondary Handicap Association | | |

| | | |
|--------------------------------|--|-------|
| Primary Address: (Summer) | | Phone |
| Secondary Address: (Winter) | | Phone |

Mobile Phone (will not be published): _____

Club Association: _____

Email address: _____

Who introduced you to PSGA? _____

PSGA Roster

The PSGA Roster is a password protected document available on the internet and also available on paper to any member that requests a copy. The data is published to allow members to communicate with each other.

Permission to publish my email address Yes/No (Please circle)

Permission to publish my home phone number Yes/No (Please circle)

Paperless Opt-in

Do you wish to receive all communication with PSGA through email? (Yes/No) _____
(If you select no you will receive all communication through USPS.)

Signature _____ Date _____

Please mail with a check for \$90 (\$40 one time initiation fee, \$50 annual fee) to:-
Alan Hargreaves, PSGA, PO Box 41218, San Jose, CA 95160-1218