



## UNITED STATES BLIND GOLF ASSOCIATION MEMBERSHIP APPLICATION



*Please Print Clearly*

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

### **Please Check One**

- Full Membership (blind / vision impaired player)
- Support Membership

Name: \_\_\_\_\_

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

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

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

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Date and Cause of Blindness: \_\_\_\_\_

Please send completed application along with a check for member dues payable to **USBGA** for the amount of \$100.00 to:

Sheila Drummond  
125 Gilberts Hill Road  
Lehighton, PA 18235