



UNITED STATES BLIND GOLF ASSOCIATION  
MEMBERSHIP APPLICATION



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

**Please Check One**

- Full Membership Player (blind / vision impaired)
- Dual Citizen Player (Full Membership)

**Note:** If applying for Dual Citizen Full Membership Player, you must record a “Home” Country who will maintain your scores / handicap.

Record your Home Country: \_\_\_\_\_

- Associate Player Membership (blind / vision-impaired)

**Note:** Associate Player Members cannot run for office or vote.

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

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

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

Country/Zip: \_\_\_\_\_

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

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

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

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

**If you choose to pay by check, please enclose a \$100 check payable to the USBGA Membership along with your completed original Membership Application and IBGA Sight Classification Form to:**

Sheila Drummond,  
USBGA Membership Chair  
125 Gilberts Hill Road  
Lehighton, PA 18235