

USBGA Membership Application

Select (Check) Membership Type *

- Full Membership Player (Blind / Vision Impaired)
- Associate Player Member (Limited Membership, cannot run for office or vote)
- Dual Citizen Player* (Full Membership, Players must declare their “Home” Country who is responsible for maintaining scores / handicap.
 - Declare Your Home Country (Dual Citizenship only) *

First Name*

Last Name*

Address *

City *

State Abbreviation*

Zip *

Phone (Cell / Home) * (xxx-xxx-xxxx)

Email *

Date of Birth* (mm/dd/yyyy)

Date & Cause of Blindness*

GHIN # * (Golf Handicap & Information Network number registered with the USGA)

EDGA Player Pass # (For WR4GD {World Ranking for Golfers with disabilities }
Counting Events)

Military* (if applicable) Enter branch of military served as we partner with various veterans' groups.

Mail your completed original Membership Application and IBGA Sight Classification forms to:

USBGA Membership Chair

% Sheila Drummond

125 Gilberts Hill Road

Lehighton, PA 18235

Email: membership@usblindgolf.com

****Please do not enclose your \$100 Membership fee check with your application and sight classification form. ****

Once your membership application is approved and you wish to pay by check, make the check payable to the USBGA Membership:

USBGA Treasurer

% Denise Forsyth

6881 Custer Rd.

New Plymouth, ID 83655

treasurer@usblindgolf.org

Or pay online through PayPal at the link: [Membership – USBGA \(usblindgolf.com\)](http://Membership-USBGA.usblindgolf.com)