



USBGA Membership Application Form

Please Print Clearly

Today's Date: _____

Please Circle One

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

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work: _____

Cell: _____ Date of Birth: _____

Email: _____

Date and cause of blindness _____

Handicap/Index (if available) _____

Please enclose dues payable to USBGA along with completed application as follows:

Player Membership - \$100

Coach/Support Membership - \$25

Mail to:

US Blind Golf Association
c/o Membership Chair Person
125 Gilberts Hill Road
Lehigh, PA 18235