



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
Lehigh, PA 18235