



**UNITED STATES BLIND GOLF ASSOCIATION
MEMBERSHIP APPLICATION**



Please Print Clearly

Date: _____

Please Check One

- Full Membership (blind / vision impaired player)
- Associate Player Membership (blind / vision-impaired player)

Name: _____

Address: _____

City/State: _____

Country/Zip: _____

Home Phone: _____ Work: _____

Cell Phone: _____ Email: _____

Date of Birth: _____

Date and Cause of Blindness: _____

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

Sheila Drummond
USBGA Chairperson
125 Gilberts Hill Road
Lehigh, PA 18235