



# 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  
Lehighton, PA 18235