

Please complete the form below and return to:

I.G.A. Membership Corp.

153 North Parliman Road
LaGrangeville, NY 12540
Attention: Membership Chairperson

MEMBERSHIP APPLICATION

Full Name: _____

Address: _____

Phone No.: (H) _____ or (C) _____

E-mail address: _____

Golf Club Affiliation: _____

USGA Handicap GHIN #: _____ - _____

REASON FOR APPLYING FOR MEMBERSHIP: _____

References

References may be called to verify knowledge of applicant
Please print your name , sign and give your phone number .

1) _____ Signature _____ () _____

2) _____ Signature _____ () _____

3) _____ Signature _____ () _____

**I agree to pay all Membership Assessments as deemed necessary by the
Board of Directors of the "I.G.A. Membership Corp."**

Signature: _____ Date: _____

***** FOR OFFICE USE ONLY *****

Date Received: _____ Date Approved: _____

Membership Chairperson: _____

Membership Is Subject to Board Approval