



PAN AMERICAN GOLF ASSOCIATION OF CORPUS CHRISTI

MEMBERSHIP APPLICATION

NAME				
MALE			FEMALE	
AGE			DOB:	/ /
E-MAIL				
PHONE	()			()
	Area Code With Primary No.		Area Code With Secondary No.	
POSTAL ADDRESS	Street/City or PO Box		Zip Code	
SKILL LEVEL	ESTABLISHED HANDICAP	AND/OR	AVERAGE SCORE	
MILITARY SERVICE				
SPOUSE				
MEMBERSHIP DUES ARE \$60 A YEAR AND CAN BE RENEWED AS EARLY AS AUGUST FOR THE UPCOMING YEAR				
PAYMENT TYPE	CASH	CHECK #	/ / DATE	RENEWING MEMBERSHIP NEW MEMBER
MAIL COMPLETED APPLICATION AND PAYMENT TO: PAN AMERICAN GOLF ASSOCIATION P.O. BOX 7614 CORPUS CHRISTI, TX. 78416-7614		OR	DELIVER APPLICATION TO: CCPAGA SECRETARY AT 801 HORNE RD C.C., TX 78416 1st Tuesday of Each Month @ 7:00 PM	
Applicant Signature		Officer Signature		