

PAGA

CORPUS CHRISTI CHAPTER

Membership Application

Name: <u>*</u>		_Age	Phone: (Home)	
Address: <u>*</u>		Phone: (Mobile)		
Email Address <u>_*</u> _				
City:		Zip Code:		
Birth Date: Mo DayYear		Spouse's Name:		
Junior Golfers in t	the family			
Name:			Age:	
Name:			Age:	
Name:			Age:	
First Time Membe	er or Rene	wing Men	mbership	
Regular Members	hip \$60.00			
Did you serve in th	ne Armed Forces of the USA		if yes branch	
		Date Paid:		
Which Committee	s will you be interested in hel	ping		
Scholarship	Jr. Golf	_ Club House		
	Good & Welfare			
		News Letter		
Children's Christmas Party		Membership Drive		
Your Average Sco	re or Established HDCP			
Member Signature		Off	ficer Signature	
Send completed ap Pan American Gol	oplication and payment to If Association			

Send completed application and payment to Pan American Golf Association Attn: Treasurer 4102 Rippling Creek Dr. Corpus Christi, Texas 78410-3734