

PAGA
FORT WORTH, TEXAS



Membership Application

Name: _____ Age _____

Address: _____

City: _____ Zip Code: _____

Email Address: _____

Phone: (Mobile) _____ Phone: (Home) _____

Birth Date: Mo _____ Day _____ Year _____

Spouse name: _____

Junior Golfers in the Family _____

Name: _____ Age: _____

Name: _____ Age: _____

Type of Membership

First Time Member ____ Renewing Membership ____

Golfer Member ____ Social Member ____ Junior Member ____

Dues per year: \$65 or \$35 if age 62&over Jrs. Age 18 & under \$0

Note: Membership fees are due at time of membership confirmation during club meetings.

Spouses are automatic social members no fee required

Golfers: Your Golf Average Score or Established HDCP _____

Junior Member sponsor _____

Which Committees would you or your spouse be interested in:

Scholarship ____ Junior Golf Program ____ Tournament committee ____

Entertainment ____ Youth activities ____ Community out reach ____

New Member Signature

Officer Signature

Send completed application to:

Pan American Golf Association
Attn: Treasurer
P.O. Box 4110
Fort Worth, Texas 76164- 0110

Note You may also scan and email a copy

t PAGAofFTW@gmail.com

A membership committee person will be contacting you ASAP