



www.pagargolf.org

PAGAR GOLFERS MEMBERSHIP APPLICATION / UPDATE FORM YEAR 2013

All the information requirements are necessary including past members for updates. Please fill all the information requirements of this form.

Personal Information

First Name		M.I.	Last Name		
Mailing Address					Apt - Floor
City	State Zip C	ode	ate of Birth - Requ	iired	
Contact Information					
Home e-mail Address Work e-m			nail Address		
Home Phone	Work Phone	·	Ext	Cellular Phone	,
REFERRED BY: (Please write name of member who referred you.)				GHIN # (if you have	e one)
Pood before signing v	vou will be bin	dad by tha	statement	holowy	
Read before signing, you will be binded by the statement below:					
Please read, understand and sign if you agree and adhere to the policy, rules and regulations of PAGAR. All members are required to sign this form.					
I certify that I have read and agree with all the policies, rules and regulations of Pilipino American Golf Association of Rockland). I also understand and agree that my membership with PAGAR is good annually and has to be renewed every year. My membership may be terminated anytime if I fail to conform and follow the club policies, rules and regulations.					
Applicant's Signa	ture			Date	<u> </u>
MEMBERS (new & old) who do not have GHIN card MUST submit a minimum of three (3) signed practice score cards. Your membership application with the annual membership fee will be submitted to the officers/directors of Pilipino American Golf Association of Rockland for approval. The Board reserve the right to deny any applicant for whatever reason. Please make check payable to: PAGAR and mail to:					
Rollie delosReyes 111 Demarest Mill Rd. West Nyack, NY 10994					
2013 Membership Fee:		, <u> </u>			
Single Membership	¢100				

Single Membership \$100

^{*} Membership fee includes membership to the Golf Handicap Information Network (GHIN), Metropolitan Golf Association (MGA) and awards night fees for the **members**..