

Braintree Men's Golf Association (BMGA)

HANDICAP/ASSOCIATION MEMBERSHIP APPLICATION

This is an editable document. Please fill in details before printing.

Name (First, Last, Suffix)	
Nickname	
Mailing Address	
Mailing Address -2	
City/Town, State, Zip code	
Date of Birth	
Primary Contact Number	
Email Address	
Shirt Size	
GHIN Number	
Optional Hole in One pool (add'l \$5)?	___ YES ___ NO (please check one)

Important Notes:

Names, addresses, e-mail addresses and phone numbers are only used to contact you about any Association news and information including upcoming tournaments, membership news, meetings, special offers, social gatherings, etc. Most information is disseminated by email. For those without an e-mail account, informational flyers are also posted to bulletin boards in the clubhouse and on our website: <http://bmga.braintreegolf.com/>

Please complete the requested information above and return your completed application along with the \$55 dues payment (plus \$5 to enter the optional Hole-In-One Pool) to the address below. Or you can drop it off in person at the Braintree Municipal Golf Course Pro Shop during their business hours (limited during the off-season).

(CHECKS ONLY - Payable to the BMGA)

**Braintree Men's Golf Association
P. O. Box 850228
Braintree, MA, 02185**

Thank You for Your Support of the BMGA!