

POLISH – AMERICAN GOLF ASSOCIATION

MEMBERSHIP APPLICATION

LAST NAME: _____ **FIRST NAME:** _____

HOME ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIPCODE:** _____

TEL. #: 1- _____ **CELL #: 1-** _____

E-MAIL ADDRESS: _____

ANNUAL MEMBERSHIP FEE \$100.00

PAID BY CASH OR CHECK. DATE PAID: _____

CHECK PAYABLE TO: PAGA
Mailing address; 616 Manhattan Ave. Brooklyn, NY 11222
WEB SITE : WWW.PAGA2000.COM

I'M INTERESTED IN SERVICING ON THE FOLLOWING COMMITTEES:

TOURNAMENT COMMITTEE: ()

HANDICAP COMMITTEE: ()

MEMBERSHIP COMMITTEE: ()

SOCIAL COMMITTEE: ()

Signature of applicant

DATE: _____