

MEMBERSHIP APPLICATION

APPLICANT INFORMATION



Name: _____ (Circle Answers)

Date of birth:	E-mail:	Phone:
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Current address: _____

City:	State:	ZIP Code:
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Level: Pro Amateur Novice	Shirt size:	PDGA #:
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MEMBERSHIP DUES

Membership Type: Single Joint	Amount Due: \$20 \$35	Paid: yes
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Extra Shirts/Tags	Amount Due:	Paid: yes
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Total Due:	Total Paid: yes
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EMERGENCY CONTACT (OPTIONAL)

Name of Contact: _____

Address:	Phone:
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City:	State:	ZIP Code:
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Relationship: _____

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name: _____

Date of birth:	E-mail:	Phone:
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Level: Pro Amateur Novice	Shirt size:	PDGA #:
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CLUB MEMBER REFERENCES (OPTIONAL)

Name	Address	Phone
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CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

Name: Shirt \$12 / Tag \$5 Shirt size:	Name: Shirt \$12 / Tag \$5 Shirt size:
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Name: Shirt \$12 / Tag \$5 Shirt size:	Name: Shirt \$12 / Tag \$5 Shirt size:
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INFORMATION

Mail form to: 609 N Detroit St Bellefontaine, Ohio 43311	By submitting this form you are accepting all by-laws and regulations set forth by HPHDGC.
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Date: _____