2025 BGA MEMBERSHIP APPLICATION

NAME:	
ADDRESS:	
DATE OF BIRTH (mon	th/day/year):
CELL PHONE:	
EMAIL:	
	JACKET SIZE:
	MEMBERSHIP YOU ARE APPLYING FOR AND ENCLOSE APPROPRIATION OF FEE CAN BE PAID BY CASH, CREDIT CARD, OR CHECK MADE OUT TO IP CC.
GOLD M	EMBERSHIP (SINGLE) \$250
(\$210 cash, credit o	or check made out to BTCC & \$40 cash or check made out to BGA)
SILVER N	IEMBERSHIP (SINGLE) \$190 (does not include end of year banquet/gift)
(\$150 cash, credit o	or check made out to BTCC & \$40 cash or check made out to BGA)
BRONZE	MEMBERSHIP (SINGLE) \$75 (Friday Night Scramble Only)
	D YOU LIKE TO BE IN THE HOLE-IN-ONE JACKPOT? (IF YOU ONE IN A BGA EVENT, YOU WIN THE POT) YES NO
IF YOU ARE A NEW M	EMBER. DO YOU HAVE AN ESTABLISHED GHIN # AT ANOTHER FACILITY?

YES_____NO_____

IF YES, PLEASE PROVIDE THE GHIN # (IF POSSIBLE). ______

Please check if you are interested in playing on the BGA GAP team and you will be contacted – matches are April 13, 27 and May 4. Eligibility requirements do apply.