



Membership Renewal Form

	Member	Spouse
First Name		
Last Name		
Date of Birth		
Primary Handicap Number		
Primary Handicap Association		
Secondary Handicap Number		
Secondary Handicap Association		

Secondary Number Association is for those that belong to more than one handicap association.

Primary Address: (Summer)		Phone
Secondary Address: (Winter)		Phone

By providing a secondary address, all that is required to change the address for all future correspondence is a phone call/email to the executive secretary.

Mobile Phone (will not be published): _____

Club Association: _____

Email address: _____

Who introduced you to PSGA? _____

PSGA Roster

The PSGA Roster is a password protected document available on the internet and also available on paper to any member that requests a copy. The data is published to allow members to communicate with each other.

Permission to publish my email address Yes/No (Please circle)

Permission to publish my home phone number Yes/No (Please circle)

Signature _____ Date _____

Please mail with a check for \$50 to:-

Alan Hargreaves, PSGA, PO Box 41218, San Jose, CA 95160-1218