

**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:** \_\_\_\_\_