

USBGA Application Form

Please Print Clearly

Today's Date: _____

Please Circle One

Full Membership (blind /vision impaired player) or Support Membership

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work _____

Cell: _____ Email: _____

Date of Birth: _____

Date and cause of blindness _____

Handicap/Index (if available) _____

Return to the USBGA Office