



Florida Golf Players Association®

A DCI Golf Club

16150 Aviation Loop Drive, P.O. Box 15428 Brooksville, Florida 34604 P (386)742-6907 F (386) 742-1938

2019 FLGPA Membership Application/Renewal

Enrollment:

To become a member of the FLGPA, simply complete the following steps:

1. Print out this form and complete the Application. Please Print or Type
2. If paying by check, make payable DeSilva Communications/FLGPA, mail with Application to:

DCI Golf/FLGPA
P.O. Box 15428
Brooksville, FL. 34604

*New Members Joining the FLGPA during Nov–Dec. will have their first year membership valid through those months and the following year.

Name: _____
Last Name First Middle Initial

Address: _____
Street Name and Number City State Zip Code

Phone: (Wk) _____ (Hm) _____

Phone: (Cell) _____ E-mail: _____

Membership Fees :

_____ New Member _____ Renewing Member Calendar Year: _____

- Member Annual Fee: _____ \$35.00 (Annual Membership Includes USGA/GHIN Handicap Index and invitation to participation in all DCI Golf Tournaments)

- Date: _____ Payment Type: ___MC___ Visa___ Discover___ Check

*CC/Debit Card#: _____ Expiration Date: _____ Code: _____

*All Credit Card payments will carry a 3.5% Convenience Fee

Name on Card: _____ Signature: _____

***If paying by credit card, Fax Application to: (386) 742.1938 or scan and e-mail to paul@flgpa.com**

All correspondence will be sent via e-mail. Please make sure your current e-mail is listed with the FLGPA at all times. Send communication to paul@flgpa.com.

USGA Handicap Index: _____ GHIN #: _____. If No Handicap is available, provide the Five (5), most recent Scores, Name of Course, Date Played and Tee Box played:

SCORE	COURSE PLAYED/DATE PLAYED	TEE BOX (white, blue..)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

I, the undersigned, hereby make application/renew my application for Membership in the FLGPA. I agree to submit payment of the non-refundable Annual Membership Dues in advance. I hereby acknowledge and agree that there are certain risks inherent in the game of golf and accept personal and sole responsibility for all such risks, including, but not limited to any health related risk. I hereby agree to release, indemnify, defend and hold harmless the FLGPA/DCI Golf/DeSilva Communications and all it's owners/agents/ employees/ sponsors from any and all liability for damages or injury, whether expressed or implied, for whatever reason, that may result from my involvement with and/or participation in any FLGPA/DCI activities.

Signature: _____ Date: _____