



NBGA PUBLIC PLAYERS CLUB REGISTRATION FORM

Please Print Clearly:

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Email: _____

Home Telephone: _____ Work Telephone: _____

Date of Birth: _____ Age: _____ Gender: _____
DD/MM/YY

Signature of Applicant: _____

Payment of \$29.95 + HST (\$33.84) must accompany your application. Cheques or Money orders should be made payable to the **New Brunswick Golf Association**.

Method of Payment:

Cheque/Money Order Enclosed

Visa/Mastercard

Cardholders Name: _____

Card Number: _____ Expiry Date: _____

Please forward completed application with payment to:

New Brunswick Golf Association
PO Box 1555, Station A
Fredericton, NB E3B 5G2

Phone: (506) 451-1324 Fax: (506) 451-1348
Email: nbgolf@nbnet.nb.ca

www.nbga.nb.ca

FOR OFFICE USE ONLY:

Received By: _____ Date Received: _____

Member Number: _____

RCGA Handicap Card Number: _____