

## Fernandina Beach MGA Application

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

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

**City:** \_\_\_\_\_ **St:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email: (please print legibly)** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

If you are a returning member, fill in your name, email address and any changes to be made. Dues are \$65 to cover the period October 1st to September 30. Please pay by check or cash to FBMGA, c/o Fernandina Beach Golf Course, 2800 Bill Melton Rd., Fernandina Beach, FL 32034 (or drop off at the Pro Shop) and remember to sign application. Payment is enclosed herein and I acknowledge and agree to the terms of FBMGA membership as outlined in the bylaws posted at the clubhouse.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_