

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 \$60 to cover 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: _____

