

# 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, P.O. BOX 15147, Fernandina Beach, FL 32035 (or drop off at the Pro Shop) and remember to sign application. After May 20, dues are \$30.00

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: \_\_\_\_\_