

# BGA MEMBERSHIP

## APPLICATION FORM

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender  Male  Female  Other Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

### Membership Details

Membership Type:  6 Months  Yearly

Start Date: \_\_\_\_\_

### Golf Information

• What are your golf goals \_\_\_\_\_

• Are you a member of a local golf club?  Yes  No

if yes, please specify: \_\_\_\_\_

• What is your current Handicap/Avg Score?

\_\_\_\_\_

• Have you taken lessons from BGA before?  Yes  No

• Have you taken a golf lesson in the last 6 months?

if yes, please state from where : \_\_\_\_\_

• Do you know any current BGA Members?  Yes  No

if yes, please specify: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

A Total Game Assessment Lesson will be needed to become a full BGA Member.

Please submit this application to  
bluegrassgolfacademy@gmail.com or by calling 859-321-7825