



# Florida Golf Players Association®

A DCI Golf Club

156 S. U.S. 17-92, P.O. Box 530096 Debarry, Florida 32753-0096 P (386)878-4023 F (386) 742-1938

## FLGPA Membership Application

### Enrollment:

To become a member of the FLGPA, simply complete the following steps:

1. Print out this form and complete the Application. Please Print or Type
2. If paying by check, make payable DeSilva Communications/FLGPA, mail with Application to:  
DeSilva Communications, Inc.

P.O. Box 530096, Debarry, FL. 32753-0096

\*New Members Joining the FLGPA during Nov-Dec. will have their first year membership valid through those months and the following year.

Name: \_\_\_\_\_  
Last Name First Middle Initial

Address: \_\_\_\_\_  
Street Name and Number City State Zip Code

Phone: (Wk) \_\_\_\_\_ (Hm) \_\_\_\_\_

Phone: (Cell) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Membership Fees :** \_\_\_\_\_ New Member \_\_\_\_\_ Renewing Member Calendar Year: \_\_\_\_\_

New Member Annual Fee: \_\_\_\_\_ \$35.00 Renewing Member Annual Fee: \_\_\_\_\_ \$25.00

Date: \_\_\_\_\_ Payment Type: \_\_\_\_\_ MC \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_ Check \_\_\_\_\_ Cash

\*CC/Debit Card#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

\*If paying by credit card, Fax Application to: (386) 742.1938

All correspondence will be sent via e-mail. Please make sure your current e-mail is listed with the FLGPA at all times. Send communication to [paul@flgpa.com](mailto:paul@flgpa.com).

USGA Handicap Index: \_\_\_\_\_ GHIN #: \_\_\_\_\_. If No Handicap is available, provide the Five (5) most recent Scores, Name of the Course and Tee Box played:

	<u>SCORE</u>	<u>COURSE PLAYED</u>	<u>TEE BOX (white, blue..)</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

I, the undersigned, hereby make application for Membership in the FLGPA. I agree to submit payment of the non-refundable Annual Membership Dues in advance. I hereby acknowledge and agree that there are certain risks inherent in the game of golf and accept personal and sole responsibility for all such risks, including, but not limited to any health related risk. I hereby agree to release, indemnify, defend and hold harmless the FLGPA/DeSilva Communications and all it's owners/agents/employees/sponsors from any and all liability for damages or injury, whether expressed or implied, for whatever reason, that may result from my involvement with and/or participation in any FLGPA/DCI activities.

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