



EJGA Membership Application 2010-2011 Season (Aug 1, 2010 – June 30, 2011)

First Name _____ Middle Initial _____

Last Name _____

This is how I wish my name to appear on the scoreboard.

Name on Scoreboard _____

Birthdate _____ Gender _____ Female _____ Male

HS Grad Year _____

Mailing Address _____

City/State _____ Zip Code _____

Parents _____

Home Telephone _____ Dad's Work Number _____

Mom's Work Number _____ Mobile (Cell) Number _____

E-Mail Address _____ Secondary E-Mail _____

Home Golf Club _____

Home Golf Club City/State _____

Local Newspaper _____

Local Newspaper City/State _____

Membership Fee: \$50.00

Signature of Parent _____ Date _____

By signing your name in the PARENT SIGNATURE box and submitting this membership application, I acknowledge that the Eastern Junior Golf Association and the course owners/ operators are not liable for any accidents or injuries that occur while participating in an EJGA event. I agree to fully indemnify and hold harmless the EJGA, its agents and volunteers from any damages suffered by my family while participating in or traveling to or from a sponsored event. I authorize the EJGA to release scores and photographs to any newspaper, golf publication, golf website, golf organization or college golf coach. My family and I also agree to abide by the EJGA Code of Conduct and Parent/Spectator Guidelines.

Mail this completed form along with your check to: EJGA, P.O. Box 1234, Vass, NC 28394