



MEMBERSHIP FORM

ARE YOU A RETURNING MEMBER? Y or N

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

AGE: _____ SEX: M or F (circle one)

IF YOU ARE NOT A MEMBER OF THE PDGA, PLEASE LEAVE THIS SECTION BLANK

PDGA #: _____ DIVISION: _____

YOU WILL BE EMAILED A USERNAME & PASSWORD TO ENTER THE "MEMBER'S ONLY AREA OF THE MHDGC.ORG WEBSITE.

DESIRED USERNAME: _____

WOULD YOU LIKE TO VOLUNTEER IN 2010? HOW?

IF YOU DON'T FIND A DESIRED VOLUNTEER POSITION BELOW, PLEASE EMAIL US, AND LET US KNOW HOW YOU WOULD LIKE TO HELP.

COURSE MAINTENANCE____ TAGS____ ARTWORK____

TOURNAMENT DIRECTOR____TOURNAMENT ASSISTANT____

TOURNAMENT STAFF____

MILE HIGH DISC GOLF CLUB
PO BOX 701, ARVADA, CO 80001-701

WWW.MHDGC.ORG



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