

Pine Knolls Men's Golf Association
P.O. Box 251 Kernersville, NC 27284
20__ Golf Season
Membership Application

Name _____ PKMGA Hdcp. No. _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email _____

Club Affiliation _____ CGA Hdcp. No. _____
(other than Pine Knolls)

If no club affiliation average score for last 10 rounds _____

Please note, without a verifiable handicap, all members must have five (5) scores posted from Pine Knolls for eligibility in Association Tournaments.

Please check one of the following

_____ Membership Renewal (paid before Aug. 31st) \$65.00 per year

_____ Membership (After Aug. 31st) \$125.00 per year
(This will include membership for following year)

_____ Gold Tee Applicant (to be reviewed by the committee)

_____ Hole-In-One Contest(Optional) \$10.00 per year

Total Amount Paid _____ Check No. _____

Please turn application and check (made payable to **PKMGA**) into the Pine Knolls Pro Shop or mail to the above address. Questions . . . Call the Pro Shop at 993-8300

*****Optional*** Medical Emergency Information**

Please list any medical conditions, allergies, or medications that you would like us to know about in case of emergencies.

Emergency contact person: _____ **Phone #:** _____