



2020 Membership/Renewal Application

Please print out this Membership Form and send it along with your check (made out to EAGA) to **Bob Buck, EAGA, 2015 Amherst Dr, Bethlehem, PA 18015-5606**. Your **Membership Card, Bag Tag, Financial Report** and **Membership Directory** will be mailed upon receipt of your dues. Membership questions, please call 610-867-9295 or e-mail rbuck@eagagolf.org.

EAGA Amputee Membership	\$ 15.00 _____
EAGA Associate Arm Membership (Non-Amputee)	\$ 15.00 _____
EAGA Associate Membership (Non-Amputee)	\$ 15.00 _____
EAGA Life Membership	\$ 200.00 _____
EAGA Scholarship Fund Contribution	\$ _____

Please circle one of the following Scholarship Funds where you would like your Contributions to go:

- **MaryLou & Paul DesChamps Memorial Fund**
- **Eileen & Ray Froncillo Memorial Fund**
- **Howard Taylor Memorial Fund**
- **Tom Reed Memorial Fund**
- **Bob Wilson Memorial Fund**
- **Buffalo Amputee Golf Classic Fund**
- **Robert O Buck, Jr Scholarship Fund**
- **North Hills Country Club Scholarship Fund**

EAGA Annual Fund Contribution	\$ _____
Milas Rose Memorial Fund Contribution	\$ _____
Total	\$ _____

Your Membership Dues and Contribution will help carry on the rehabilitation work of the EAGA through the Medium of golf and are tax deductible under Section 501 (c)(3) of the Internal Revenue Code of 1986.

Name: _____ **Birth date:** _____

Address: _____

E-mail Address: _____ **Home Phone:** _____

Type Amputation: BK ___ AK ___ BE ___ AE ___ Multiple _____ **Associate Arm** _____

Business Phone: _____ **Mobile Phone:** _____

Veteran: ___ Yes ___ No **Branch:** _____ **Rank:** _____ **Spouse Name:** _____

