



MEMBERSHIP APPLICATION

Send Check or Money Order With This Form To:
GCFDA Membership
1029 Regina Ave
Cincinnati, OH 45205

PLEASE SELECT ON OF THE FOLLOWING:

- New Individual Member \$20 / One Year (\$10 Voucher)
- New Family Member \$25 / One Year (\$10 Voucher)
- Individual Renewal \$15 / One Year
- Family Renewal \$20 / One Year
- Individual Lifetime Membership \$100
- Family Lifetime Membership \$125

PLEASE PROVIDE THE FOLLOWING INFORMATION. If you are a renewing member, with no changes in your information, all we need is your name.

Name _____

Address 1 _____

Address 2 _____ Apt# _____

City _____ State _____ ZIP _____

Home Phone (_____) _____ Work Phone (_____) _____

E-Mail _____

Birthdate ____/____/____ Sex _____ PDGA # _____

IF YOU CHOOSE A FAMILY MEMBESHIP PLEASE PROVIDE THE FOLLOWING.

Children must be 18 or younger and living with the primary player.

NAME	BIRTHDATE	SEX
Spouse		
Children		