



Florida Golf Players Association  
www.FLGPA.Tour.FLGPA.com

To become an FLGPA Tour Member:

- 1. Complete the Application. Please Print or Type
- 2. Fax application to: 386.742.1938
- 3. Scan and email to: paul@dcigolf.com  
or
- 4. Mail application to:  
DCI Golf, P.O. Box 15428  
Brooksville, FL. 34604

## Tour Membership Application

- New Member \_\_\_\_\_  Amateur  
Calendar Year  
 Renewing Member \_\_\_\_\_  Professional

Player Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (HM) \_\_\_\_\_ Cell: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Shoe Size: \_\_\_\_\_  
 Email: \_\_\_\_\_ Glove Size: \_\_\_\_\_

(Please print & make e-mail address legible)

I hereby apply for annual membership in the FLGPA Tour for the Calendar Year: \_\_\_\_\_

- Amateur Division - \$75 Annual Dues       Professional Division - \$100 Annual Dues

\*New Members joining in Oct/Nov/Dec. will have their first year membership valid through those months & the following year

Handicap Service (GHIN etc): \_\_\_\_\_ Handicap ID #: \_\_\_\_\_ Current Index: \_\_\_\_\_

Club/Organization Issuing Handicap: \_\_\_\_\_ Verification Ph #: \_\_\_\_\_

Payment Type\*:  Visa     MC     Discover ( \*A 3.5% convenience fee will be added to all credit card transactions)

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

I, the undersigned, hereby make application for Membership in the FLGPA Tour. I agree to submit payment of the Annual Membership Dues in advance and agree to abide by all the Rules, Regulations, Policies & Procedures of the Tour as published on the Tour website. I hereby agree to release, indemnify, defend and hold harmless the The Tour/DCI Golf/DeSilva Communications and all its owners/agents/employees, Sponsors and Partners from any and all liability for damages or injury, whether expressed or implied, that may result from my involvement with the FLGPA Tour.

**All correspondence will be sent via e-mail. Please make sure your current e-mail is listed with the Tour at all times.**  
(SCAN & EMAIL, FAX OR MAIL APPLICATION)

I have reviewed and agree to the FLGPA Tour Rules and Regulations and Polices & Procedures, as listed on the FLGPA Tour website. I agree that there are certain risks inherent in the game of golf and accept personal and sole responsibility for all such risks, including, but not limited to any health-related risks, and do hereby release, All Sponsors, the hosting golf club(s), DCI Golf/DeSilva Communications, Inc. and its officers, directors, members of its staff and employees from any and all liability for any event or consequence whatsoever in any way arising out of or relating to my entry or participation in FLGPA Tour events. I have examined the Application Form, Policies and the Official Rules and hereby declare that I meet the entry requirements and agree to abide by the Rules and Regulations of the FLGPA Open Tour. I understand that my annual membership fee is non-refundable.

I wish to compete in the: \_\_\_ Professional Div. for Cash    \_\_\_ Index Div. for Cash    \_\_\_ Index Div. for Prize Vouchers

\_\_\_\_\_  
Player Signature

\_\_\_\_\_  
Date

**Your Membership Application will be asknowledged and confirmed via e-mail, upon receipt.**

**Scan & E-mail Application to: (386)742-1938, or Mail to:**

DCI Golf P.O. Box 15428 Brooksville, FL 34604

Phone: (386) 742-6907 Fax: (386) 742-1938 E-mail: paul@DCIGolf.com

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