



*Central Texas Players Golf Association
P.O. Box 11525
Killeen, Texas 76547-1525*

Application for Membership

Name _____

Address _____

State _____ Zip _____ Phone () _____

E-mail address _____

Handicap (if known) _____ Date of Birth _____

Are you willing to participate in the club various sub-committees? If so, check one or more committees listed.

Tournament Committee _____

Community Service Committee _____

Membership Committee _____

Scholarship Committee _____

Upon approval of my membership application, I will agree to abide by the Bylaws and Constitution, which governs the Club's body.

Please sign and return this application along with \$65.00 (Do not mail cash) to the address shown above or bring to meeting date at address listed below.

Signature: _____ Date: _____

**NOTE: Meetings held on 2nd Thursday of each month at 1830 hrs (6:30PM)
DAV 29, 607 E. Veterans Memorial Blvd, Harker Heights, TX 76548 Contact:
706-464-5987, Marcus Lane - Membership Chairman
or 254-289-1084, Larry Holly - President
www.ctpga.org**