



2017 MONDAY EVENING
LADIES GOLF ASSOCIATION



MELGA

MEMBER INFORMATION

NAME: _____ DATE: _____

GHIN NUMBER: _____ COURSE: _____

WORK EMAIL: _____

HOME EMAIL: _____

CELL PHONE: _____ WORK PHONE: _____

MELGA AGREEMENT

I WILL ABIDE BY THE USGA HANDICAPPING SYSTEM WHICH STATES THAT I AM RESPONSIBLE FOR POSTING CORRECTLY AND HONESTLY ALL ROUNDS PLAYED.

I WILL ABIDE BY THE USGA RULES OF GOLF.

I UNDERSTAND AND WILL ABIDE BY HUBBARD GOLF COURSE'S PACE OF PLAY POLICY WHICH IS DEFINED BY:

- A. 9 HOLES OF GOLF SHOULD NOT EXCEED 2 HOURS AND 6 MIN**
- B. MY POSITION IS DIRECTLY BEHIND THE GROUP IN FRONT OF ME**

SIGNATURE: _____

Please fill out and return to the clubhouse with your Annual Membership payment of \$25