2015 BERA Golf Association Application

_____ _____ _____
First Name Last Name Cell Phone

Ext. _____ Mail Stop _____ E-Mail: _____

Type of Membership (Check One)

		Dues
___	Team League	$40
___	Substitute	$0
	Dues Paid	**$____**

Team League Applicants Only

Partner's Name _____ _____ _____
First Name Last Name Cell Phone

Phone _____ Addr/Zip _____ E-Mail: _____

All applicants: Please complete info below for the Annual Brookhaven Cup Outing

Home Address _____ _____ _____
Street Town Zip Code

Your Average 9-Hole Score (**New Members Only**) _____

Dues will also be applied to the end of year dinner and prizes.

Checks should be made payable to: ***BERA Golf Association***.

Return Completed applications paper or online with checks to Joe Carbonaro Bldg. 830 (e-mail: carbonar@bnl.gov) by April 11th.