

# NATIVE AMERICAN PROFESSIONAL GOLF TOUR

## Player Membership Registration Form

Full Name: \_\_\_\_\_

Nation / Tribal Affiliation: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province/State: \_\_\_\_\_

Postal/ZIP Code: \_\_\_\_\_

Division Applying For: Professional / Amateur / Masters / Junior

\_\_\_\_\_

Golf Handicap (if applicable): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

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

Date: \_\_\_\_\_