

Application for IPA Registration

Last Name		Fir	rst	Initial
Street Address		City		
State or Providence		Zip Code		Country
Telephone		Email Address		
Date of Birth:		Age	Sex	Pro Am
Sign if above answers are				
Sign if above answers are ANNUAL REGISTRAT PAYMENT CHOICE:	ION FEE:	Adult \$3:	5 Teens \$3	
ANNUAL REGISTRAT PAYMENT CHOICE:	ION FEE: □Check	Adult \$3:	5 Teens \$3 der □ Credit Card	0
ANNUAL REGISTRAT PAYMENT CHOICE: Cardholder Name:	ION FEE:	Adult \$3:	5 Teens \$3 der □ Credit Card Card Number:	0 □VISA □ MasterCard
ANNUAL REGISTRAT PAYMENT CHOICE: Cardholder Name: Cardholder Street Address	ION FEE: Check	Adult \$35	Teens \$3 der □ Credit Card Card Number:	0 □VISA □ MasterCard