

EASTERN AMPUTEE GOLF ASSOCIATION

Membership/Renewal Application

Please print out this Membership Form and send it along with your check (made out to EAGA) to **Bob Buck, EAGA, 2015 Amherst Dr, Bethlehem, PA 18015-5606**. Your **Membership Card, Bag Tag, Financial Report** and **Membership Directory** will be mailed upon receipt of your dues. Membership questions, please call 610-867-9295.

Amputee Membership	\$ 15.00
Life Membership	\$ 200.00
Associate Membership (Non-amputee)	\$ 15.00
EAGA Scholarship Fund Contribution	\$ _____
EAGA Annual Fund Contribution	\$ _____
Milas Rose Memorial Fund Contribution	\$ _____
Total Enclosed (Make check payable to the E.A.G.A.)	\$ _____

Your dues and contributions will help carry on the rehabilitation work of the association through the medium of golf and are tax deductible under section 501(c)(3) of the Internal Revenue Code of 1986.

Milas Rose Memorial Fund

In 2007, we lost a wonderful member and friend in **Milas Rose of Centreville, VA**. Milas was a relative newcomer to the EAGA. He had been diagnosed with cancer and had a right hemipelvectomy. He was relieved to know that he would be able to return to golf - one of his life's passions. In the beginning, he used a single rider golf cart and participated at 2004 Combo Classic at Twin Lakes GC in Clifton, VA and the Eastern Regional at Bethpage State Park on Long Island. Milas also played in the Northeastern Amputee Classic at CC of Woodloch Springs in Hawley, PA. In 2006, he played in the Combo Classic with his new prosthetic leg. This would be his last event as he was unable to shake the cancer.

Milas's widow, Joanne wished to do something in his memory. So the **Milas Rose Memorial Fund** was born to help his fellow Military veterans by establishing complimentary memberships to the EAGA for any wounded amputee soldier returning home from Iraq and Afghanistan. EAGA Memberships are available to any amputee soldier who attends our NAGA "First Swing/Learn to Golf" Clinics such as the Disabled Sports/USA & Warfighter Sports Clinics. Memberships are also available to any amputee soldiers that are recommended by our EAGA Members and Friends. Thanks to all who donated for their generosity and support of our Military men and women.

Name: _____ **Birth date:** _____

Address: _____

E-mail Address: _____ **Home Phone:** _____

Type Amputation: _____ **Business and/or Cell:** _____

Veteran: **Yes** **No** **Branch:** _____ **Spouse 1st Name:** _____

