



Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Please indicate the type of membership you are applying for by checking the appropriate box below. Category descriptions can be found on the back of this application.

- |                                     |  |   |
|-------------------------------------|--|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Couple          | I am interested in information about... |
| <input type="checkbox"/> Associate  | <input type="checkbox"/> Mid-Week Couple |   |
| <input type="checkbox"/> Mid-Week   | <input type="checkbox"/> Junior          |   |
- Golf Lessons    Leagues    Card Nights  
 Youth Golf Camp

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

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

Primary City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Secondary City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

*If applying for a Couples Membership, please provide us with your spouse's information:*

Spouse Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

<b>2016 USGA/GHIN HANDICAP SERVICE FEE - \$50</b>	
CURRENT GHIN # _____	CLUB _____
CREATE NEW GHIN # _____	TRANSFER _____
AMOUNT / DATE PAID 2016 HANDICAP FEE _____ / _____	
ENTERED BY _____ DATE _____	

OFFICE USE ONLY

FR  \_\_\_\_\_ O  \_\_\_\_\_ E  \_\_\_\_\_

Member ID \_\_\_\_\_