

2008 MEMBERSHIP APPLICATION

APPLICATION INFORMATION:

Name: _____ Birth date: _____

Address: _____ City: _____ State: _____

Zip: _____ Home Phone: _____ Cell Phone: _____ EMail Address _____ Work _____

Phone: _____ Do you want a GHIN card (\$25) Yes/No Please

circle.

SPOUSE INFORMATION: Name: _____

Birthdate: _____

Address: _____

Work Phone: _____ Home Phone: _____

FAMILY(Children): Name: _____ Birthdate: _____

_____ Name: _____ Birthdate: _____

Name: _____ Birthdate: _____ Name: _____

_____ Birthdate: _____

For Office Use Only: Type of Membership _____ Amount Paid _____ Payment _____

Method _____

Tournament &/or league interest _____ Admin. By _____ GHIN Card _____

Date _____ Notes _____