

NEW MEMBER APPLICATION

Complete this form and input information into GHP Online Club yourself.

*This top section to be completed by a club official if desired. The SCGA does not need this form. It is solely a courtesy to allow a club to collect information.

CLUB NAME: _____

AUTHORIZED BY: _____

Does player have an existing GHIN number? YES NO

SCGA or GHIN NUMBER:

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CLUB OR ASSOCIATION NAME (if applicable) in relation to already existing GHIN number:

MEMBERSHIP TYPE: REGULAR JUNIOR (Under 18)

PREFIX (Includes Dr., Gen., Col.): _____ SUFFIX (Includes Jr., Sr., MD, DDS, III): _____

NAME: _____

ADDRESS: _____

ADDRESS Line 2 (if applicable) _____

CITY: _____

STATE/PROVINCE: _____ ZIP/POSTAL: _____ COUNTRY: _____

TELEPHONE: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: (Month/Day/Year) ____/____/____ MALE FEMALE

TELEPHONE: _____

DATE

APPLICANT'S SIGNATURE