



2017 Applicant's Information Form

New Members NOTE: This form **must** be submitted with your payment and contract

Existing Members NOTE: Only if any information has changed, please fill out and submit with your payment and contract.

(Fill out completely and print legibly)

Applicant's Name: _____
(Individual Application)

Applicant's Name: _____
(Couple Application)

Mailing Address: _____
Street or P.O. Box (please include additional address information if applicable)

_____ Town State Zip

Contact Information: _____
Home Phone Mobile Phone

_____ Work Phone Email Address for Newsletters

Previous GHIN? Yes _____ No _____ GHIN Number: _____

If "yes", Country Club or Course Name: _____
_____ Town State Zip

Co- Applicant _____
Contact Information: Home Phone Mobile Phone

_____ Work Phone Email Address for Newsletters

Previous GHIN? Yes _____ No _____ GHIN Number: _____

If "yes", Country Club or Course Name: _____
_____ Town State Zip

******Junior & Young Adult Inner Club Applicants must complete this section******

Applicant's Date of Birth: _____

Emergency Contact: _____
(Parent or Legal Guardian)

Contact Information: _____
Home Phone Mobile Phone

_____ Work Phone Email Address for Newsletters

Medical Conditions: _____