

WOMEN'S NINE HOLE GOLF ASSOCIATION

REGISTRATION OF NEW MEMBERS

CLUB NAME: _____ DATE: _____

Member Name: _____ GHIN #: _____

Member Name: _____ GHIN #: _____

Member Name: _____ GHIN #: _____

Member Name: _____ GHIN #: _____

Member Name: _____ GHIN #: _____

Member Name: _____ GHIN #: _____

Member Name: _____ GHIN #: _____

Payment of WNHGA Dues @ \$13.00 per member

Total Amount Paid: _____

Please mail completed form and check (payable to WNHGA) to:

WNHGA TREASURER

Her address may be found in the WNHGA Yearbook OR email treasurer @wnhga.com to request her mailing information.