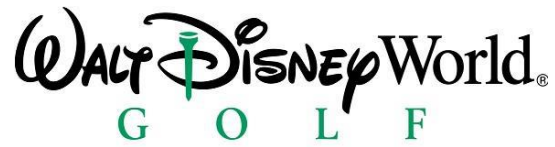


GHIN Membership Application Form



Golfer Information:

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Birthdate: _____