

2017 Individual Membership Application

One Membership Fee: \$25.00

You are required to fill out all information in order for application to be processed.

Name: _____ () Male () Female

Address: _____

City: _____ State : _____ Zip Code: _____

NEW: Print county in which you live: _____

Phone: () _____ - _____ Cell Phone: () _____ - _____

E - Mail _____

Your Home Club: _____

Print your GHIN Handicap ID # 7 Digits _____

IMPORTANT: Print your name exactly as it appears on your GHIN card.

If not GHIN, Other Handicap Service Name:

_____ Handicap#: _____

All members must provide date of birth: ____ / ____ / _____

Telephone # to call in case of emergency: () _____ - _____

Mail to:

SJGA

Jeanne Leisner / Membership

P.O. Box 884 North Cape May New Jersey 08204