



2010 Applicant's Information Form

NOTE: This form must be submitted 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
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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
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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
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****** 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: _____