

JHGA Membership Application – Annual Dues \$50

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Cell Phone: _____ Home Phone: _____

Payment Date: _____ Ck# _____ Cash _____

Credit Card #: _____ CVV # _____ Exp. Date _____

Card holder's name: _____

If new member, have you ever had a GHIN handicap number? Please list here: _____