

SHADOW HILLS COUPLES GOLF CLUB

2017-2018 Application

www.shcouples.com

**PLEASE RETURN THIS FORM WITH CHECK DRAWN FROM A U.S. BANK OR A MONEY ORDER
PAYABLE TO SCSH COUPLES GOLF CLUB**

Mail to:

Joyce Johnson

Phone: 760 668-8701

81229 Avenida Lorena

johnsonjoyce@verizon.net

Indio, CA 92203

OR: You may leave your check, application, & waiver in the Couples drawer in the Pro Shop. Your application, check or money order, & waiver must be received before you can play a round of Couples Golf. You must also have a verifiable GHIN Handicap (see directions for obtaining a GHIN Handicap on the information page).

DUES:

ENCLOSURE

Last Name _____ First Name _____ \$15

Last Name _____ First Name _____ \$15

Local Phone _____ Cell Phone _____

Shadow Hills Address _____ For Can/Am: American ___ Canadian ___

E-Mail _____ 2nd Email _____

GHIN:

Male Member: **GHIN NUMBER** _____ (if you have it already)

_____ I have my GHIN # from another U.S. Association that offers GHIN. _____ \$0

_____ I have or will have my GHIN # from the Men's Club for 2018 _____ \$0

_____ I wish to renew or transfer my GHIN # through Couples Golf Club _____ \$36

_____ I wish to receive a new GHIN # through Couples Golf Club _____ \$36

Female Member: **GHIN NUMBER** _____ (if you have it already)

_____ I have my GHIN # from another U.S. Association that offers GHIN. _____ \$0

_____ I have or will have my GHIN # from the Women's Club for 2017-2018. _____ \$0

_____ I wish to renew or transfer my GHIN # through Couples Golf Club _____ \$36

_____ I wish to receive a new GHIN # through Couples Golf Club _____ \$36

TOTAL ENCLOSED _____