

HANDICAP APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ NEW MEMBER: YES _____ NO _____

EMAIL ADDRESS: _____

HANDICAP FEE: ___ \$ 45.00 (enclose a check made to Chili Men's Association)

___ I want to establish a NEW HANDICAP

___ I have a current or former RDGA Handicap GHIN #: _____

SIGNATURE: _____ DATE: _____

Remit to: BOB FARREN, 33 WEST CRAIG HILL DR., ROCHESTER, NY 14626