

Ladies Inner Club 2024 Membership Application

Applicant's Name:			Date of Birth:	
Address:				
City:		State:	Zip Code:	
Phone: (Hom	e):	(Work):	(Cell):	
E-Mail Addre	ess:			
GHIN # (If a _l	pplicable)			
Other Golf C	lub Affiliations (I	f applicable)		
If you are a r	eturning member	– check here		
New member	s with an existing	GHIN number – GHI	N #	
New member	s without an exist	ing GHIN, please subr	nit five (5) signed and attested cards from	
any sloped an	nd rated course			
•	Dues: <u>\$25</u> CEIVED by: <u>Apr</u>		Tembership is now included in dues	
Payment:				
Please ma	ake checks payabl	e to: <u>Triggs Ladies Inr</u>	<u>ier Club</u>	
Mail to:	Barbara O'Nei 125 Smith Aver Greenville, RI	ue, Unit 7F		

Questions: Call Barbara O'Neil at 401-524-9285