

Office	e Use Only	
Payment Complete:	Yes	No
Staff Initials:		

Name:					
Mailing Address:					
City:	State:	Zip:			
Phone:	Email:				

Please check the appropriate box to the questions below:		Yes	No					
Are you a current member of The Ole Miss Golf Co member #:	• • •	ase provide						
Have you had a GHIN #? If yes, please provide the	following info:							
GHIN #: Club Name:								
City: State:								
The GHIN handicap program is an optional annual membership (exp. 12/31/24). Dues are \$25 annually. Please provide annual payment prior to GHIN activation. This fee is waived for current annual OMGC members.								
Signature:	Date:							
Payment (circle one):	Cash	Check	Credit	Card				