

# 2025 GHIN Handicap Form / FWGA

RENEWAL: \_\_\_\_\_ NEW APPLICATION: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

GHIN #: \_\_\_\_\_