

This block to be completed by POA only.

Name: _____,
Last First

Name: _____,
Last First

Date Received: _____

Processed By: _____



Arkansas State Golf Association 2020 GHIN Registration Form

RETURN THIS FORM WITH YOUR 2020 GHIN FEE

TRANSACTION NUMBER: _____

TRANSACTION NUMBER: _____

Member Name (Primary): _____	Member Name (Secondary): _____
Member Number: _____	Member Number: _____
Lot / Block / Addition: _____ - _____ - _____	Lot / Block / Addition: _____ - _____ - _____
Telephone: _____ - _____ - _____	Telephone: _____ - _____ - _____
Mobile Phone: _____ - _____ - _____	Mobile Phone: _____ - _____ - _____
Email Address: _____	Email Address: _____
Female Male	Female Male
Renew my previously established GHIN. My current USGA GHIN number is: _____	Renew my previously established GHIN. My current USGA GHIN number is: _____
New subscriber. An ASGA GHIN number will be established for you. You will receive an email after your application has been processed. Assigned ASGA GHIN Number: _____	New subscriber. An ASGA GHIN number will be established for you. You will receive an email after your application has been processed. Assigned ASGA GHIN Number: _____

The Arkansas State Golf Association (ASGA) will provide GHIN handicap service for Hot Springs Village
Annual GHIN subscriptions are for the calendar year: January 1 through December 31, 2020