2018 VHGA Dues Remittance

Make check payable to VHGA and put in VHGA mailbox or mail to: Donna Muto, 12 Larchwood Dr. Pittsford, NY 14534

DO **NOT** INCLUDE LEAGUE DUES WITH VHGA DUES

VH

Member

of

People

Amount

Total \$

Name(s) and Local GHIN # (if available)

(1)		Member		Peop	ple		
(2)		Renewing Member	\$22.00				
e-mail address:		New Member	\$27.00				
Phone # (C)(H)		Junior- 17 & younger	Free!				
Address:		Totals					
It is your responsibili Failure to do so may result in revoca	-			cap pri	ivilege	es.	
NEW MEMBER If you have or have recently had a GHIN Handicap Indefollowing information: (Mail this entire form to the abo	ex from	a club other th	nan Victor H	Iills, plea	ise prov	ride the	
Name:	Nar	Name:					
GHIN#	GH	GHIN#					
Club #	Clu	b #					
Club Name:	Clu	b Name:					
If you do not have a current GHIN Handicap index, pleat course name and tees played. If course is outside the Ropar with a decimal such as 70.10 and slope (a whole numost recent score first.	ocheste	r area, please p	provide cour	se rating	(numbe	er near	
Name:							
Score Tees Course Name and Location			I	Rating	Slope	<u> </u>	
Name:							
Score Tees Course Name and Location			J	Rating	Slope	<u>.</u>	