



TRAILHEAD LADIES NINE HOLE GOLF CLUB

***** PLEASE FILL OUT COMPLETELY *****

* NAME _____

* ADDRESS _____

* EMAIL _____

* CELL _____ ALTERNATE PHONE _____

* GHIN # _____ * BIRTHDAY ____/____/____

* Asterisk indicates **required** information, including birth year per GHIN.

Please circle one: Full Membership **\$73.00**

Associate Member **\$31.00**

What is your other clubs name?

Make check payable to **Trailhead Ladies Golf Club**

Completed forms can be either be dropped off at the clubhouse or mailed to:

Linda Fern
1724 N Farr Rd
Spokane Valley, WA 99206

