

Metro-Richmond Three Score Golf Association Application

Name: _____

Address: _____

City: _____ ZIP: _____

Birthdate: _____ GHIN #: _____

Email: _____

Phone: _____

Date: _____ Signature: _____

Dues are \$25 and will be billed to your club account.

Give completed form to _____

Questions: contact MRTSGA reps _____