



2021 Membership Registration Form Men's Club

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone # _____ Email _____

GHIN # _____

Amount Paid: Cash _____ Check _____

Hole-In-One Insurance: \$ 5 (Optional)

Membership Dues: \$66

or

Associate Member: \$30 (*paid GHIN fees at another course or league*)

Club Name _____

City/State _____ *GHIN #* _____

Junior Membership Dues: \$ 5 (Age 17 years and younger)

Please make check payable to: ***The Highlands Men's Club***

Payment and completed membership form

may be turned in or mailed to the Pro Shop:

The Highlands GC Pro Shop, 5600 E Mullan Ave, Post Falls, ID 83854

Website: highlandsmensclub.com

CLUB USE ONLY

Payment Amount _____ Received by _____

Payment Type: Cash Check Date Received _____