



2017 Renewal/Application for RIGA Membership

Name _____

Mailing Address _____

City _____ State/Zip _____

Club _____ GHIN # _____

Home Tel _____ Business Tel _____

E-Mail _____ Cell _____

Thank You For Your Support!

\$25 membership fee. Please make checks payable to the RIGA.

Rhode Island Golf Association

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www.rigalinks.org