



2024 Renewal/Application for RIGA Membership

Name _____

Mailing Address _____

City _____ State/Zip _____

Club _____ GHIN # _____

Home Tel _____ Business Tel _____

E-Mail _____ Cell _____

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

Additional contribution: \$25 \$50 \$75 \$100 other _____

Thank You For Your Support!

Rhode Island Golf Association

One Button Hole Drive, Suite 2 Providence, RI 02909-5750 | tel 401.272.1350

RIGALINKS.ORG