

# NEW JERSEY BALL STRIKER MEMBERSHIP APPLICATION

\_\_\_\_\_  
*\*First Name*

\_\_\_\_\_  
*\*Last Name*

\_\_\_\_\_  
*\*Street Address*

\_\_\_\_\_  
*\*City*

\_\_\_\_\_  
*\*State:*

\_\_\_\_\_  
*\*Zip:*

\_\_\_\_\_  
*\*Email Address*

\_\_\_\_\_  
*Cell Phone Number*

\_\_\_\_\_  
*GHIN Handicap Number*

*If you do not currently have a GHIN handicap you **must** submit 5 recent scores below:*

<i>DATE (MM/DD/YY)</i>	<i>COURSE NAME</i>	<i>COURSE STATE</i>	<i>TEES PLAYED</i>	<i>SCORE</i>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____