MEMBERSHIP APPLICATION

Canadian Caribbean Amateur Golfers Association (CCAGA)

7305 Woodbine Ave., Suite 718
Markham, Ontario L3R 3V7
Email: info@ccaga.ca Website: www.ccaga.ca

Last Name _____ **First Name**_____

Preferred Name _____

Address _____

City _____ **Province**_____

Postal Code _____ **Country** _____

Home ( ) _____ **Mobile ( ) _____**

Company _____ **Work** _____

Email _____

Signature _____ **Date** _____

By signing this application, the member agrees to abide by the rules and regulations set out in the By-Laws of the Canadian Caribbean Amateur Golfers Association.

(Please make cheque payable to Canadian Caribbean Golfers Association (CCAGA))

Sponsored by (Print Name) _____ **Signature**_____

Witness by (Print Name) _____ **Signature** _____

CLUB INFORMATION

Date joined _____ **Membership type**_____

Approved by _____ **Membership No.** _____
Membership Director

Signature _____ **Date** _____