



Membership Application Form

Golfer

Non-Golfer

Contact Information

Name : _____

Address : _____

City : _____ Province : _____ Postal Code : _____

Email : _____ Phone : _____ Fax : _____

Golf Profile

Golfers only. Non-golfers – Optional.

Handicap (RCGA) : _____ Membership # : _____

- Member Club:
- Local Golf Club _____
 - Public Players Club (weekly League) _____
 - Provincial Golf Association
Public Players Program _____
 - GolfTown Golf Club (www.golftown.com/secure/golfclub/)
(which city, store locator #) _____
 - Other _____

Membership Subscription (April 1 to March 31)

1 year (\$10.00) 2 years (\$20.00)

Year : 20__ – __ (e.g. 1 yr : 2008-09 or 2 yrs : 2008 – 10)

Make the cheque, money order, or certified cheque payable to: **Canadian Deaf Golf Association**

Send the funds and the form to :

Robert Cundy

CDGA Treasurer

3039 MacNeil Way

Edmonton, AB T6R 3V1

Email: treasurer@cdga.net