



# Canadian Amputee Golf Association (CAGA) Membership Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (B) \_\_\_\_\_

Fax: \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_

Amputee - BK  AK  BE  AE  DBL  TRP  QUAD

I would be interested in being involved (*indicate how*) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Membership Fee is currently \$25.00 ANNUALLY, \$150 LIFETIME**

I would like to make a further donation to the association (\$ \_\_\_\_\_ enclosed)

Mail your "new and renewal memberships" (along with your cheque or money order) to:

Secretary/Treasurer  
C.A.G.A. (Canadian Amputee Golf Association)  
P.O. Box 6091  
Station A  
Calgary, Alberta  
Canada  
T2H 2L4

**For further information, email [canamps@caga.ca](mailto:canamps@caga.ca)**