



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:

C.A.G.A. (Canadian Amputee Golf Association)
100 Lake Bend Road
Winnipeg, Manitoba
Canada
R3Y 0M4

For further information, email cagagolf@mail.com