



# Fiji Golf Association of Canada

## MEMBERSHIP REGISTRATION FORM

Member's Full Name:  Address:

Children: (under 19yr) Telephone : 

Bus:	<input type="text"/>
Cell:	<input type="text"/>

1   
2

Children: (over 19 yrs\*) Email :

1   
2

Membership :  Single  Family  Renewal  New

## GOLF EXPERIENCE

Level of Golf Experience:  Novice  Beginner  Intermediate  Good

Established Handicap:  Yes  No Indicate Handicap \_\_\_\_\_

Name of previous golf affiliations: \_\_\_\_\_

## MEMBERSHIP DUES

Annual Membership Dues:

2024 - Registration Fee per membership	\$120.00 *
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## ACKNOWLEDGEMENT

I hereby apply for Renewal/New \*\* Membership in the Fiji Golf Association of Canada and certify that the information provided herein is true and accurate. Also, if my application is hereby approved by the Board of Directors of FGA and I solemnly agree to abide by the Constitution and the Bylaws of Fiji Golf Association of Canada.

\_\_\_\_\_  
(Applicant's Signature) (Date) (Fiji Golf Association of Canada) (Date)

## RECOMMENDATION

\*\* NEW Member must be recommended by an existing member in good standing with Fiji Golf Association of Canada

Name of existing Member of FGA sponsoring you: \_\_\_\_\_

## PAYMENT

Amount Enclosed:  Membership No.

Please email completed form to: [mprasad156@hotmail.com](mailto:mprasad156@hotmail.com) and to [dilip.patel@telus.net](mailto:dilip.patel@telus.net)