



FIJI GOLF ASSOCIATION OF CANADA

MEMBERSHIP REGISTRATION APPLICATION FORM

PERSONAL INFORMATION

Name: _____

Address: _____ City: _____ Postal Code: _____

Contact Phone # _____ Email: _____

GOLF EXPERIENCE

Established Handicap: Yes: ____ No: ____ Indicate Handicap: _____

Tick appropriate box

New

Intermediate

Good

A new member must submit FIVE [5] scorecards from the previous year. Failure to provide 5 scorecards will default the member to play at "zero" handicap until proper handicap has been established.

MEMBERSHIP DUES

2025 Membership dues - **\$150.00** - [payment either by cheque or EFT]

For EFT the email address is – fijigolfassociation@gmail.com

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. Should my application be approved by the Board of Directors I hereby agree to abide by the **constitution, bylaws** and the **House Rules** of Fiji Golf Association of Canada

Signature: _____ Date: _____

RECOMMENDATION

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

Name of the Member Recommendation: _____.

FGA reserves the right to reject prospective application(s) not deemed suitable for its general membership.

Please email completed form to: mprasad156@hotmail.com and to dilip.patel@telus.net