



CAYMAN ISLANDS GOLF ASSOCIATION

P. O. Box 335, GRAND CAYMAN KY1-1301, CAYMAN ISLANDS

PHONE: BOB SLATTER 945 5799 • OR JUDY VAN LIERE 516-8296 •

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MEMBERSHIP APPLICATION

I do hereby apply to be admitted as a member of the **Cayman Islands Golf Association**. I declare that I am over the age of 18 and have Amateur Status. I agree to be bound by the terms of the **CONSTITUTION** of the **CAYMAN ISLANDS GOLF ASSOCIATION**.

(check this box if you agree to terms)

Dated this _____ day of _____, 200__.

MEMBERSHIP DETAILS

Name:	

PO Box No.:	

Telephone Home:	Telephone Office:
_____	_____
Fax:	E-mail:
_____	_____
Most Recent Handicap/Index:	

UPON SUBMISSION OF THIS FORM, ANNUAL DUES OF CI\$50.00 SHALL BE SENT TO BOB SLATTER, P.O. BOX 335, GRAND CAYMAN, KY1-1301.

IF YOU PREFER TO PRINT THIS FORM, PLEASE COMPLETE AND MAIL WITH YOUR ANNUAL DUES OF CI\$50.00 TO THE TREASURER, CAYMAN ISLANDS GOLF ASSOCIATION, C/O PO BOX 335, GRAND CAYMAN KY1-1301, OR LEAVE AT THE NORTH SOUND CLUB.