

BC Chapter of Canadian Amputee Golf Association
BCAGA

Membership Application

Name: _____

Address: _____

Postal Code: _____

Phone# H. _____ Cell. _____

FAX: _____ E-Mail. _____

Amputee- BK__AK__BE__AE__DBL__TRP__QUAD__

Our annual membership fee is \$15.00 if paid before March 31st of that year. Otherwise the fee is \$25.00.

Our Life Time Membership fee is a one time payment of \$150.00.

Mail your cheque or money order to:

BCAGA
1660 High Rd.
Kelowna, BC
V1Y7B9

For further information email
bc.aga@shaw.ca