



MEMBERSHIP APPLICATION/RENEWAL FORM

MEMBERSHIPS ARE ANNUAL AND ARE DUE FOR RENEWAL JANUARY 1ST

APPLICANT DETAILS

Date: / /

First Name: Last Name:

Address:

Suburb: State: Postcode:

Date of Birth: Email Address:

Home Phone: Mobile Phone:

AMPUTEE STATUS

Below Knee Above Knee Below Elbow Above Elbow

Multiple Amp Below Wrist Below Ankle Other

GOLFING EXPERIENCE

Are you a member of a Golf Club Yes No

Which Golf Club? AGU Handicap

MEMBERSHIP | Type of membership

Adult Amputee \$55 Junior Amputee \$30 Social Member \$40

Would you like to make a further donation to QAGA? Yes No

All donations over \$2 are tax deductible

Amount of donation \$

Applicant Signature:

Please print and sign the form and mail along with your cheque/money order made payable to Queensland Amputee Golf Association.

QUEENSLAND AMPUTEE GOLF ASSOCIATION INC (QAGA)

PO BOX 274 ROBINA QLD 4226