

ACGA Membership Form



Please print and complete the form in BLOCK CAPITALS then send the completed form to:
Treasurer, 12 Valley Walk, Croxley Green, Hertfordshire, WD3 3SY

1. Personal Details

| | | | |
|---------------|----------------------|---------------|----------------------|
| First Name | <input type="text"/> | Surname | <input type="text"/> |
| Address | <input type="text"/> | | |
| Mobile Phone | <input type="text"/> | Landline | <input type="text"/> |
| Email Address | <input type="text"/> | Date of Birth | <input type="text"/> |

2. Golfing Details

| | | | |
|----------------|----------------------|------------------|----------------------|
| Home Golf Club | <input type="text"/> | Current Handicap | <input type="text"/> |
|----------------|----------------------|------------------|----------------------|

3. New Members Only

Please complete this section. You will be asked to play the first two events as a Guest

| | | | |
|-------------|----------------------|-----------|----------------------|
| Proposed By | <input type="text"/> | Signature | <input type="text"/> |
| Proposed By | <input type="text"/> | Signature | <input type="text"/> |

Please provide a copy of your golf club handicap certificate

4. Payment Details (Membership Fee for 2022 - £35)

Please enclose a cheque payable to "African Caribbean Golf Association" OR pay by bank transfer: Account 62271036 & Sort Code 401505. Please notify the Association if you pay online (info@acga.co.uk) and include your payment reference here.

| | | | |
|--------------|----------------------|------|----------------------|
| Payment Ref. | <input type="text"/> | | |
| Signature | <input type="text"/> | Date | <input type="text"/> |