



JAMAICA GOLF ASSOCIATION

Part of Park Close, Kingston 5

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E-mail: jamgolf@cwjamaica.com

Please complete and return to the above address.

LAST NAME_____ FIRST NAME _____

OCCUPATION_____

HOME ADDRESS_____

CITY_____

BUSINESS ADDRESS_____

CITY_____

TELEPHONE (H)_____ TELEPHONE (M)_____ TELEPHONE
(W)_____

E-MAIL_____ SEND MAIL TO: HOME ☐ WORK ☐

SEX
MALE ☐ FEMALE ☐ SUPER SENIOR ☐

CATEGORY
REGULAR ☐ SENIOR (OVER 50) ☐ JUNIOR (UNDER 18) ☐

I AM A MEMBER OF THE FOLLOWING CLUB/S_____

I AGREE TO ABIDE BY THE RULES OF THE JAMAICA GOLF ASSOCIATION

SIGNATURE_____ DATE:_____