

2019 CAGD MEMBERSHIP

JANUARY 1 – DECEMBER 31, 2019

**GOLF
CLUB** _____

No. of CAGD members _____ **Check Amt** _____

MAKE CHECK PAYABLE TO **CAGD** (EQUAL TO \$8.00 PER PERSON)

Mail check and items 1, 2 and 3 listed below to:

Linda Thompson
15719 W Edgemont Ave
Goodyear, AZ 85395

NO LATER THAN FEBRUARY 1, 2019

1. This completed form
2. Completed CAGD REP contact information form
3. Alphabetized member list with name, GHIN#, phone # and LEGIBLE email address

Thank you for being a representative for your club. You play an important role in making Central Arizona Golf District a success.

CAGD REP FORM

JANUARY 1, 2019 TO DECEMBER 31, 2019

****REP'S NAME:** _____
ADDRESS: _____
City _____ zip _____
Email _____
Area code and phone _____

****ALTERNATE rep's name** _____
ADDRESS _____
City _____ zip _____
Email _____
Area code and phone _____

Name/address of check payee for Blind Draw
payouts:

Please complete this form and mail to Linda
Thompson even if you do not have a change from last
year.

2019 Member Add-on List
(Make copies and use for forwarding dues for
additional players during 2019)

Club Name _____

Player Last Name	First Name	GHIN#	Phone	Email
---------------------	------------	-------	-------	-------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Mail to:
Linda Thompson
15719 W Edgemont Ave
Goodyear, AZ 85395