



2024 CAGD Membership

January 1 – December 31, 2024

COVER FORM

League Name: _____

Course Name: _____

CAGD Members _____

X \$8.00 each = _____

Make check payable to CAGD

MEMBERSHIP SUBMISSION DUE NO LATER THAN FEB 1, 2024

Be sure to include the following pages

- Cover Form (this page)
- CAGD REP contact information
- Alphabetized list with name, GHIN#, phone # and LEGIBLE email addresses

Mail check and above forms to the CAGD Membership Chair

Kathy Fuller
16259 W Mission Cove Lane
Surprise, AZ 85374

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



2024 CAGD Membership

January 1 – December 31, 2024

REP FORM

Please complete this form and mail to Membership Chair, even if you do not have any changes from last year.

Rep Name:

Address:

City:

Zip

Email:

Phone:

Alternate Rep:

Address:

City:

Zip

Email:

Phone:

Name/address of check payee for Blind Draw payouts:

Name:

Address:

City:

Zip

Email:

Phone:
