



P.O. 3403, MOKA, MARAVAL, TRINIDAD, WEST INDIES, PHONE: (868) 629-0066, 6188, FAX: (868) 629-2314

Junior Membership Application Form

NB: Completed application forms must be accompanied by the applicable fee for Junior Applicants. Minimum age required is 7.

NAME OF APPLICANT _____ AGE: _____ DATE OF BIRTH ___/___/___

LOCAL ADDRESS _____

PHONE (H) _____ PHONE (C) _____

E-MAIL ADDRESS _____

PREVIOUS CLUBS (IF ANY) _____ HANDICAP _____

PARENT/GUARDIAN _____ PHONE (O) _____

OCCUPATION _____ EMPLOYER _____

BUSINESS ADDRESS _____

IN CASE OF EMERGENCY CONTACT _____ (PHONE _____)

DOCTOR'S NAME _____ (PHONE _____)

EXISTING MEDICAL CONDITION(S)? _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

I, THE UNDERSIGNED PROPOSER, BEING A MEMBER OF ST. ANDREW'S GOLF CLUB AND PERSONALLY ACQUAINTED WITH THE APPLICANT FOR _____ (MONTHS / YEARS) TAKE PLEASURE IN PROPOSING THIS APPLICATION.

PROPOSER (Please print) _____ SIGNATURE _____

THE SECONDER OF THIS APPLICATION MUST BE A MEMBER OF THE BOARD OF MANAGEMENT

SECONDER (Please print) _____ SIGNATURE _____