

# ARDMORE MEN'S CLUB 2021 MEMBERSHIP APPLICATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

HAVE/ARE YOU A MEMBER OF ANOTHER CLUB? YES/NO \_\_\_\_\_

HOW LONG HAVE YOU BEEN GOLFING \_\_\_\_\_?

DO YOU HAVE A CURRENT RCGA HANDICAP? YES/NO HDCP: \_\_\_\_\_

COMMENTS/QUESTIONS:

Please scan or take a photo of this application and email it, along with an e-transfer in the amount of \$75.00 to Sharon Oates at [Gordon.oates@shaw.ca](mailto:Gordon.oates@shaw.ca)