

ARDMORE MEN'S CLUB
2023 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 GOLF CANADA HANDICAP? YES/NO HDCP: _____

COMMENTS/QUESTIONS: _____

Please mail the completed application, along with a cheque for \$ 75 made out to Ardmore Golf Club to:

Sharon Oates
2089 Vallis Place
Sidney, BC V8L 2L3

Or alternately scan or take a photo of your completed application and email it, along with an etransfer in the amount of \$75.00 to Sharon Oates at gordon.oates@shaw.ca