



930 Ardmore Dr
North Saanich, BC
V8L 5G1
Phone: 250-656-4621
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office@ardmoregolfcourse.com

Membership Application ~ 2018

Name: _____ DOB: _____

Address: _____

City / Postal Code: _____

Phone: _____

Email: _____

Doctor's Name / Phone: _____

Permission to call ambulance: _____ *(signature required)*

Medical Allergies: _____

Emergency Contact: _____

Phone: _____

IF APPLICABLE: (*Quarterly payment Grandfathered, not available to new members*)
I agree to the terms of the quarterly payment plan, the added 5% admin fee & I authorize
Ardmore Golf Course to deposit my **post dated cheques** / bill my **credit card** for the
agreed upon payments. (January, April, July & October)

Initial _____

Post-dated Cheques: _____ Credit Card #: _____

Visa / MC / AmEx Expiry Date: _____ CVD # _____

(Visa / MC CVD = 3 digit # near signature on reverse of card)
(AmEx CVD = 4 digit # on the front of the card)

Waiver

- I agree to abide by the rules and regulations set forth by Ardmore Golf Course, including any deemed necessary by management on a situational basis.
- I understand that Ardmore Golf Course takes no responsibility for injury to members caused by any violations to the rules and regulations set forth.
- I understand that this membership is not transferable or refundable.
- I understand that failure to abide by the rules and regulations set forth by Ardmore Golf Course may result in immediate cancellation of my membership, without refund.

Signature: _____ *Date:* _____