

ARDMORE MEN'S CLUB
2025 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:

Donna Costin
11171 West Saanich Rd
North Saanich, BC V8L 5P4

Or alternately scan or take a photo of your completed application and email it, along with an e-transfer in the amount of \$75.00 to Donna Costin at d655@telus.net