Ardmore Membership Application ~ 2027

(this form only for new members)

Name: _____DOB:_____

City / Postal Code:_____

Phone: _____

Email: _____

Membership level (circle choice): 7 day 7 day Int 5 day After 3pm

Do you have a current handicap with Golf Canada? Yes or No

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***: _____

*Any questions or inquiries please email axle@ardmoregolfcourse.com