



2024 MEMBERSHIP APPLICATION

NAME _____ BIRTH DATE / / D M Y

SPOUSE'S NAME _____

ADDRESS _____ POSTAL CODE _____

PHONE# _____ CELL# _____

NOTE: Please circle the contact number you would like to use for the Teams List

E-MAIL ADDRESS _____

*ARE YOU A WALKER? YES ___ NO ___ WOULD YOU BE WILLING TO RIDE
IF A RIDER IS NEEDED? YES ___ NO ___

**ARE YOU A CART RIDER? YES ___ NO ___ ** (IF YES, YOU WILL BE
LISTED AS A CART RIDER FOR THE WHOLE SEASON !!!)

REGULAR MEMBER'S AND SPARE'S FEES ARE \$150.00

YOU ARE APPLYING AS: REGULAR _____? or SPARE _____?

MAKE CHEQUE PAYABLE TO: *GARDEN CITY SENIOR GOLFERS*

APPLICATIONS TO BE RETURNED BY MARCH 1ST, 2024

MINIMUM AGE FOR APPLICANTS IS 55

PLEASE RETURN APPLICATION AND CHEQUE TO:

*BRIAN RIDLEY
429 PRITCHARD FARM ROAD
EAST ST. PAUL, MB R2E 1H8*

*Tel. # (204) 669-4795
Cell # (204) 979-4795*