

## **2025 MEMBERSHIP APPLICATION**

NAME	D M   BIRTH DATE //	
SPOUSE'S NAME		
ADDRESS	POSTAL CODE	
PHONE#	CELL# c you would like to use for the Teams List	
E-MAIL ADDRESS		
*ARE YOU A WALKER? YES N	O WOULD YOU BE WILLING TO	RIDE
IF A RIDER IS NEEDED? YES	_ NO	
**ARE YOU A CART RIDER? YES LISTED AS A CART RIDER FOR T	NO ** ( IF YES, YOU WILL F HE WHOLE SEASON !!! )	BE
<b>REGULAR MEMBER'S AN</b>	ND SPARE'S FEES ARE \$15	0.00
YOU ARE APPLYING AS: REGULA	R? Or SPARE	_?
MAKE CHEQUE PAYABLE TO: GA	<b>RDEN CITY SENIOR GOLFERS</b>	
APPLICATIONS TO BE RETURNED I MINIMUM AGE FOR APPLICANTS I	,	
PLEASE RETURN APPLICATION AND	<u>) CHEQUE TO:</u>	
BRYAN CRANDELL 42 UPLANDS CRESCENT WINNIPEG, MB R2Y 0P6	Tel. # (204) 889-6577 Cell # (204) 770-3447	