

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
REGULAR MEMBER'S AN	ND SPARE'S FEES ARE \$15	0.00
YOU ARE APPLYING AS: REGULA	R? Or SPARE	_?
MAKE CHEQUE PAYABLE TO: GA	RDEN CITY SENIOR GOLFERS	
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	