



Llyndinshire Golf & Country Club

R.R. #1 Arva, Ontario, NOM 1C0 Ph. (519) 659-5087

Membership Application

Date: _____

Name: _____ Male _____ Female _____

Name: _____ Male _____ Female _____

Category: Adult _____ Senior _____ Student _____ Junior _____

Membership Type: Unlimited _____ Weekday _____ Regular _____

Address _____ Apt. _____

City _____ Postal Code _____

Phone _____ E-mail _____

Signature _____

**Please make your cheque payable to: Llyndinshire Golf & C.C.
Box 155
Arva, ON NOM 1C0**

OFFICE USE ONLY

Terms of Payment: Cash _____

Cheque _____

Credit Card No. _____

Amount Paid: \$ _____ Amount: \$ _____ HST: \$ _____

Notes: _____
