

Llyndinshire Membership & League Application

Date: _____

Name: _____ email: _____

Name: _____ email: _____

Address: _____ Apt. # _____

City: _____ Postal Code: _____

Mobile: _____ Alternate Phone: _____

Category Type (Please check)

Adult: _____ Senior: _____ Student: _____ Junior: _____

Membership Type (Please check)

Unlimited: _____ Weekday: _____ Associate: _____ League Only: _____

League of Interest (Please check if interested in joining a league)

Men's Leagues: Monday Morning: _____ Men's Tuesday Evening: _____

Women's Leagues: Monday Evening: _____ Tuesday/Wednesday Morning: _____

Cart Rentals (Please check)

Weekday Seasonal Powercart: _____

7-Day Seasonal Powercart: _____

18-hole 10 cart pack: _____

9-hole 10 cart pack: _____

Seasonal Pull Cart: _____

Please make you cheque payable to: Llyndinshire Golf & Country Club

**Box 155
Arva, ON N0M 1C0**

Please Note: HST (13%) is extra on all Memberships, Leagues and Rentals