Eden Golf and Country Club
5359 Hwy 201
PO Box 273
Bridgetown, N. S. B0S 1C0

2026
JUNIOR GOLF MEMBERSHIP
(For Under 13 as of May 1, 2026)

NAME: _____ _____ _____
First Name | Last Name | Under 13 as May 1st ID required).

ADDRESS: _____
Street, Town, Postal Code

CONTACT INFO: _____ _____@_____
Phone Number | email

Membership FEE: 75.00

Junior clinics Included

(INCLUDES NSGA REGISTRATION 0F $45).

APPROVAL OF PARENT OR GUARDIAN REQUIRED
(Required for Junior Members in this category)

I hereby approve of the above-named individual as a junior member at Eden Golf and Country Club (Eden). I have read this waiver and release and have signed it voluntarily.

_____ _____ _____
Print Name | Signature | Date (D/M/Y)

Eden Golf and Country Club
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PO Box 273
Bridgetown, N. S. B0S 1C0

2026
JUNIOR GOLF MEMBERSHIP FORM-
(For Junior Ages 13-18)

NAME: _____ _____ _____
First Name | Last Name | Age -ID Required (Under 18 as of May 1st)

ADDRESS: _____
Street, Town, Postal Code

CONTACT INFOR: _____ _____@_____
Phone Number | email

ANNUAL FEE: **$150.00 (Includes taxes and NSGA Fee)**
Includes Junior Clinics

Payment Method:

_____
Cash / Cheque

_____ _____ _____
Credit Card # | Expiry (Mo/Year) | CVV #

eTransfers to: eden@edengolf.ca

APPROVAL OF PARENT OR GUARDIAN REQUIRED (Required for Junior Members under the age of 16)

I hereby approve of the above-named individual as a junior member at Eden Golf and Country Club (Eden). I have read this waiver and release and have signed it voluntarily.

_____ _____ _____
Print Name | Signature | Date (D/M/Y)

September 2025