



Assiniboine Golf Club



Wall of Remembrance Application form

Applicant name _____

Address _____

Postal Code _____ Phone _____

Email address _____

1st row (past member's name) max. 15 Characters ¼"

Or (25 Characters 3/16")

2nd Row (year of birth – year of passing) 8 Characters ¼"

_____ - _____

3rd Row (optional) Number of years as an AGC member

AGC MEMBER FOR ____ YEARS

4th, 5th, 6th Rows (Family Blessing, poem, prayer, note, etc) max. 25 characters per row 3/16"
E.g.

**In loving memory of our
Father and Grand father
Ed, Catherine and family**

**I here by approve the above information as being correct, and give the
"AGC Wall of Remembrance" committee the approval to proceed with this
application.**

Signature (applicant approval) _____

Family representative (relation) to member _____

Payment (\$30.00) _____ Date _____

Received in full by (Signature) _____

(Print) _____