



TOTARADALE GOLF CLUB  
147 PIDGEON VALLEY ROAD  
WAKEFIELD

Phone:03 5418030  
email: info@totaradalegolf.co.nz  
[www.totaradalegolf.co.nz](http://www.totaradalegolf.co.nz)

**APPLICATION FOR MEMBERSHIP 2024/25**

I hereby apply for membership of the Totaradale Golf Club Inc and if accepted will abide by the Rules and Bye-laws of the club.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

SUBURB \_\_\_\_\_

CITY \_\_\_\_\_ POSTCODE \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

Date of Birth (juniors only) / / as of 1<sup>st</sup> January of the calendar year.

Previous Golf Club(s) \_\_\_\_\_ Previous Dot Golf Number \_\_\_\_\_

Handicap index if applicable \_\_\_\_\_

FULL MEMBERSHIP	( ) \$645	UNDER 18 FULL	( ) \$195
FIRST YEAR MEMBER	( ) \$540	UNDER 14 Limited	( ) \$120
NINE HOLE MEMBER	( ) \$440	FULL SUMMER	( ) \$410
FIRST YEAR 9 HOLE	( ) \$390	9 HOLE SUMMER	( ) \$275
		UNDER 18 SUMMER	( ) \$120

Yes, I would like to receive communication and newsletters from the club.  
I understand that my email address is automatically stored with Golf NZ only  
and is not shared with any other third party. [You may opt out at any time]

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

For Office Use Only: Amount \_\_\_\_\_ Totaradale ID Number \_\_\_\_\_

Receipt Number \_\_\_\_\_