

TOTARADALE GOLF CLUB  
147 PIGEON VALLEY ROAD  
WAKEFIELD 7025

Phone: 541 8030  
Email: info@totaradalegolf.co.nz

**APPLICATION FOR MEMBERSHIP 2020/21**

I hereby apply for membership of the Totaradale Golf Club Inc, and if accepted will abide by the rules of the club.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

SUBURB \_\_\_\_\_

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

E-MAIL \_\_\_\_\_

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

Date of Birth (juniors only) \_\_\_\_\_

Previous Club (if applicable) \_\_\_\_\_

Handicap Index (if any) \_\_\_\_\_

Nominator \_\_\_\_\_ Phone \_\_\_\_\_ Signed \_\_\_\_\_

Seconder \_\_\_\_\_ Phone \_\_\_\_\_ Signed \_\_\_\_\_

Short Resume from Nominator \_\_\_\_\_

Type of Membership: please tick

|                           |           |                  |           |
|---------------------------|-----------|------------------|-----------|
| FULL MEMBER               | ( ) \$570 | FULL SUMMER      | ( ) \$365 |
| FIRST YEAR MEM            | ( ) \$440 | UNDER 18 FULL    | ( ) \$175 |
| NINE HOLE MEM             | ( ) \$415 | UNDER 14 Limited | ( ) \$110 |
| FIRST YEAR NINE HOLE MEM  | ( ) \$295 | NINE HOLE SUMMER | ( ) \$235 |
| CASUAL MEMBER [10 Rounds] | ( ) \$325 | UNDER 18 SUMMER  | ( ) \$110 |

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

For office use only: Amount \_\_\_\_\_ NZGA ID \_\_\_\_\_

Receipt No: \_\_\_\_\_