TOTARADALE GOLF CLUB INC
147 PIGEON VALLEY ROAD
WAKEFIELD 7025

Tel: 03 541 8030
Email: totaradalegc@gmail.com
Web: www.totaradalegolf.co.nz

APPLICATION FOR MEMBERSHIP 2026/27

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 _____ POST CODE _____

EMAIL _____

GUARDIAN _____
EMAIL

Date of Birth [Juniors only] / / as at 1st January of the calendar year

Previous Golf Club _____ Previous GolfNZ Membership No. _____

Handicap Index [if applicable] _____

FULL MEMBERSHIP	☐ $715	FULL SUMMER	☐ $450
NINE HOLE MEMBER	☐ $480	9 HOLE SUMMER	☐ $325
UNDER 19 FULL	☐ $195	UNDER 19 SUMMER	☐ $120
UNDER 14 LIMITED	☐ $120		

Yes, I would like to receive communication and newsletters from the club.

☐ I understand that my details are automatically stored by GolfNZ only and are not shared with any other third party. [You may opt out at any time]

Signature of Applicant_____ Date_____

Signature of parent/guardian_____ Date_____

For Office Use Only: Amount Paid _____ Totaradale ID Number: _____

Receipt Number: _____

☐ Dot Golf ☐ Xero ☐ Mailchimp