



TOTARADALE GOLF CLUB  
147 PIDGEON VALLEY ROAD  
WAKEFIELD

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email: info@totaradalegolf.co.nz  
[www.totaradalegolf.co.nz](http://www.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 \_\_\_\_\_

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	( ) \$570	UNDER 18 FULL	( ) \$175
FIRST YEAR MEMBER	( ) \$427	UNDER 14 Limited	( ) \$110
NINE HOLE MEMBER	( ) \$415	FULL SUMMER	( ) \$365
FIRST YEAR 9 HOLE	( ) \$311	9 HOLE SUMMER	( ) \$240
CASUAL MEMBER (10 Rds)	( ) \$325	UNDER 18 SUMMER	( ) \$110

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

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

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