

TOTARADALE GOLF CLUB
147 PIGEON VALLEY ROAD
WAKEFIELD 7025

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

APPLICATION FOR MEMBERSHIP 2019/20

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	() \$560	FULL SUMMER	() \$355
FIRST YEAR MEM	() \$430	UNDER 18 FULL	() \$175
NINE HOLE MEM	() \$410	UNDER 14 LTD	() \$110
FIRST YEAR NINE HOLE MEM	() \$290	NINE HOLE SUMMER	() \$235
CASUAL MEMBER [10 Rounds]	() \$315	UNDER 18 SUMMER	() \$110

SIGNATURE OF APPLICANT _____ DATE _____

For office use only: Amount _____ NZGA ID _____

Receipt No: _____