

Greendale Golf Club Ph: (03) 318 8046

Email: office@greendalegolf.com
Website: www.greendalegolf.com
PO BOX 24 DARFIELD

## MEMBERSHIP APPLICATION FORM

Name of Applicant				
Address				
Email Address			Phone Number	
Hereby apply for membership of	the Greendale Golf Club (In	c), and agree to abide	by the rules of the cl	lub.
Membership applied for (circle	one)			
Full Social Sea	sonal 9 –Hole	Junior (under 18)	Junior (under 15	with parent/grandparent)
Under 25 Handicapped	Green Fee Paying	Associate		
I consent to my contact details	appearing in the printed Cl	lub Programme	Yes / No	
Golfing History:				
Do you wish Greendale Golf Club to be your home club			Yes / No	
Apart from Greendale Golf Club, do you currently belong to any other Golf Club			Yes / No	
If so please list each club				
If known please give your curre	·	•		which one is
Home Club ID				
Birthdate (for Juniors only) :				
Applicant	(signature			
Full Member	\$550	Social Members		\$490
9- Hole	\$390	Seasonal		\$390
Under 25	\$280	Junior – under 1	8 Years	\$125
H/capped G/Fee Paying	\$150 + 4 free rounds	Junior 15 & und	er; Parent/Grandparent as Full Member N/C	
Associate Non Playing:	\$20.00	Green Fees		\$25 per round
Married Couple Full Membersh	ip \$1000			
Only complete this section if you de	o not wish your details display	yed on the public webs	ite	
To: <u>GREENDALE</u> Golf Club Inc				
And to: The New Zealand Golf Asso	ciation Inc.			
I do not consent to your displaying the date played, course played and		ic website, <u>www.golf.co</u>	o.nz the information i	in respect of my scoring records relating to
Name of Member: Club No/ Membersh		nip NO:		
Signature:	·	Date:		
<b>Note:</b> If having given this notice to	ont out, you decide at any tin	ne that you are willing	for the details to be o	on the website, you should give

written notice to your club that you consent to the records being displayed.