



RIVERSDALE BEACH GOLF CLUB

I hereby apply for membership of the **RIVERSDALE BEACH GOLF CLUB** and agree to abide by its constitution.

SURNAME

Mr/Mstr

Mrs/Miss/Ms

(If 18 years or younger)

JUNIOR

D.O.B. | |

JUNIOR

D.O.B. | |

STUDENT (aged 19-21)

D.O.B | |

STUDENT

D.O.B | |

ADDRESS

SUBURB

CITY

POSTCODE

PHONE

Email

If you have been or are a member of another club please indicate where

Do you wish your handicap to be held at this course? Select one YES NO

Please indicate membership category

2024/2025 SUBSCRIPTIONS

PLAYING MEMBER \$455

MEMBER \$90

JUNIOR \$40

STUDENT.....\$200

Already a full member at another club SECONDARY MEMBER \$393

a club officer will be in touch to confirm and complete the membership set-up.

SIGNATURE

PROPOSER

SECONDER

Date

Date application lodged

Received by Club Officer

PO Box 69024, Riversdale Beach 5840 | Phone: 06 372 3416 Cell: 02744443174

Email: office@riversdalebeachgolfclub.co.nz
