

# Tarras Golf Club

## Membership Application

Name \_\_\_\_\_ male/female (please circle)

Street \_\_\_\_\_

Town \_\_\_\_\_

Postcode \_\_\_\_\_

Phone No. \_\_\_\_\_

Email \_\_\_\_\_

Handicap Index (if you have one) \_\_\_\_\_

If you are also a member of another club, what is your 7 digit ID number and the name of your home club?

\_\_\_\_\_

If you have been a member of a club in the past please supply details including past membership ID numbers.

\_\_\_\_\_

Membership is for one year (April to April), \$110 (no pro rata membership offered). Cheque made out to "Tarras Golf Club", or direct credit to

Tarras Golf Club  
Bank of New Zealand , Cromwell  
02-0920-0017673-000

(please include your full name on our statement to identify payment).

Return your application and cheque to  
Tarras Golf Club, 6 Thomson Gorge Rd, RD 3, Cromwell 9383  
or email as pdf file to [info@lindisriver.co.nz](mailto:info@lindisriver.co.nz)

