



KORUMBURRA GOLF CLUB INC.
2025/26 APPLICATION FOR MEMBERSHIP

Membership Type

Full Year (01 Apr - 31 Mar)

Membership Category

1st Year 7 Day 5 Day Country

(26 - 29 Yrs.) (22 - 25 Yrs.) (18 - 21 Yrs.) Junior (< 18 Yrs.)

Social Play Only Summer Only (01 Nov - 31 Mar) Social (Non-Playing)

Office Use Only
Entered MiClub:/...../.....
Welcome email:/...../.....
Reckon Updated:/...../.....
Expiry Date:/...../.....

Applicant Details

Title: Surname:..... Given Names:

Street Address:

Suburb: Post Code:

Postal Address:

Suburb: Post Code:

Home Phone Mobile Email

Date of Birth: Occupation:

Emergency Contact Name Emergency Phone

Questions for Applicant

1. Have you ever been a member of a Golf Club? Yes No
If yes, what was the name of the Club?

2. Are you still a member of this Club? Yes No Golf Link No. if Applicable:.....
If yes, would you like us to administer your Golf Handicap and be your home club? Yes No

3. Do you have or have you ever held an Australian Golf Handicap Yes No
If yes, what is/was your handicap?

I hereby apply for membership as nominated above and declare that the information I have provided is true and correct.

Signed: (Applicant) Date:

Membership Proposed By:
Signature Printed Name

Membership Seconded By:
Signature Printed Name

Payment Details

Membership Fee \$.....

Payment Method:

Total Amount Received \$

Date Paid:/...../.....