



**KORUMBURRA GOLF CLUB INC.**  
**2025/2026 APPLICATION FOR MEMBERSHIP**

**Office Use Only**  
Membership fee: .....  
Date paid in full .... / ..... / .....  
Payment Method.....  
Entered MiClub: .... / ..... / .....  
Welcome email: .... / ..... / .....

**Membership Category \***

- 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)

\* Note 1: All memberships are valid to March 31st. Pro Rata Membership Rates may apply for New memberships after April 30th. It is not extended to existing members or to members who pay their membership fees late.

Note 2: First Year Memberships offer a discounted rate to New members in: 7 day, Country, 5 day, and Summer categories. Note 1 may also apply. It is only available to those individuals who have never been a member of the Korumburra Golf Club.

Note 3: Subscriptions Rates include all Affiliation Fees and Hole-in-one insurance (Home Club Only).

**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 .....

Junior (Parent/Guardian) Name ..... Junior (Parent/Guardian) Email .....

**Questions for Applicant**

1. Have you ever been a member of a Golf Club?  Yes  No

If yes, 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? .....

4. Have you read and agree to the sharing of personal information as per the [Privacy Policy](#) on the KGC Website  Yes  No

5. I acknowledge and consent that, as part of club golf activities, junior members may at times be grouped to play or compete in a round of golf with adult members, in accordance with the Club's Child Safety Policy.  Yes  No

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

Signed: ..... (Applicant) Date: .....

Junior (Parent/Guardian) Signed: ..... (Parent/Guardian) Date: .....

**Membership proposed by (Name) ..... Signature .....**

**Membership seconded by (Name) ..... Signature .....**