

## PROPOSAL FOR MEMBERSHIP 2025

Euroa Golf Club Inc  
 55 Golf Course Road  
 PO Box 53  
 Euroa Vic 3666  
 secretary.euroagolfclub@gmail.com  
 www.euroagolfclub.com



A.B.N: 93478187663 / ACN0007222A

Registered with Golf Victoria, Affiliated with the D.D.G.A

Registered under the Victorian Licensing Act

**18 holes: Men's par 72 ACR 71: 5884 metres/Women's par 72 ACR 70: 5069 metres**

### MEMBERSHIP CATEGORIES

*All categories include GST - tick category*

<b>Ordinary Playing (Full)</b> <i>includes GolfLink</i>	<b>\$720</b>	
<b>Pensioner</b> (A copy of Commonwealth pension card must be provided with application) <i>includes GolfLink</i>	<b>\$600</b>	
<b>Country</b> (reside 42 to 99km from clubhouse) <i>includes GolfLink</i>	<b>\$490</b>	
<b>Country 100</b> (reside 100km or more from clubhouse) <i>includes GolfLink</i>	<b>\$260</b>	
<b>Junior 18 – 21 yrs</b> <i>includes GolfLink</i>	<b>\$250</b>	
<b>Junior under 18 yrs</b> <i>includes GolfLink</i>	<b>\$70</b>	
<b>Limited</b> – Social Golf, No GA Handicap	<b>\$375</b>	
<b>Introductory (to golf)</b> (for new golfers, conditions apply, see website for details)	<b>\$240</b>	
<b>Summer (1/10/25 – 31/3/26)</b>	<b>\$375</b>	

### APPLICANT DETAILS

<b>Full Name</b>		<b>Male/Female</b>
<b>Home Address</b>		<b>Postcode</b>
<b>Postal Address</b>		<b>Postcode</b>
<b>Email</b>		<b>Telephone No</b>
<b>Occupation</b>		<b>DOB</b>
<b>Former Home Club (If applicable)</b>	<b>Do you wish to be handicapped by Euroa Golf Club Inc - Yes No</b>	
	<b>Please tick if you DO NOT want your contact details made available to other members of Euroa Golf Club</b>	
<b>Current Handicap Details</b>	<b>Golflink No.</b>	<b>Golflink Home Club</b>
		<b>Current Handicap</b>

I, \_\_\_\_\_ hereby apply for membership of the Euroa Golf Club Inc.

I agree, if elected, to be bound by the Rules and By Laws of the Euroa Golf Club Inc.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The above candidate is personally known to us and we believe him / her to be a suitable person to be elected as a member of the Euroa Golf Club Inc.

**Nominated By: (Print Name )** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Seconded by: (Print Name )** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Submit this application to [secretary.euroagolfclub@gmail.com](mailto:secretary.euroagolfclub@gmail.com) Ph: 0418 368 540 with payment by cash, cheque or EFT. Account details for EFT payments are: **Euroa Golf Club Inc. BSB: 803 078**

**Account No: 100029930. Please put your full name as a reference for your payment. Membership is for the calendar year and will be due for renewal on Jan 1<sup>st</sup> 2026**

<b>Office Use</b>	Payment Received		Letter sent to applicant		Handicapper Advised	
	Date of Committee Approval		Database Updated			