

PROPOSAL FOR MEMBERSHIP 2026

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

Ordinary Playing (Full) includes GolfLink	\$720	
Pensioner (A copy of Commonwealth pension card must be provided with application) includes GolfLink	\$600	
Country (reside 42 to 99km from clubhouse) includes GolfLink	\$490	
Country 100 (reside 100km or more from clubhouse) includes GolfLink	\$260	
Junior 18 – 21 yrs includes GolfLink	\$250	
Junior under 18 yrs includes GolfLink	\$70	
Limited – Social Golf, No GA Handicap	\$375	
Introductory (to golf) (for new golfers, conditions apply, see website for details)	\$240	
Summer (1/10/26 – 31/3/27)	\$375	

APPLICANT DETAILS

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

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 Ph: 0418 368 540 with payment by cash 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 1st 2027.

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

