



Kialla Golf Club inc. Reg A4914
 360 Central Road
 Kialla Vic 3631
 P.O. Box 7023
 Shepparton Vic 3632
 Phone (03) 5827 1390 ABN 21368346782

PROPOSAL FOR MEMBERSHIP 2025-2026 (pre Nov AGM)

CLASS OF MEMBER & PRICING	FEE \$	PAID \$
New Member's Offer – 1 st year or renewed after 5 years of absence (restrictions apply) Includes joining fee & GA Affiliation	\$400.00	
Ordinary Full Member includes Joining Fee and GA Affiliation ** annual renewal	\$480.00	
Country Member includes Joining fee GA Affiliation & (resides more than 30 k's from KGC) **	\$380.00	
75+ Age Group	\$400.00	
18 – 25 Age Group	\$300.00	
Junior u/18 including Joining Fee ** (does not include GA affiliation or handicap additional fee's apply)	\$ 55.00	
Secondary Club – <u>must be a current financial member</u> with an GA affiliated club (primary club)	\$300.00	
Non-Playing/Social including Joining Fee *	\$ 50.00	
Daily Competition Fee for Members Includes entry into Honeysuckle challenge	\$ 10.00	
** Plus Daily Competition Cost	\$ 10.00	
** Visitors with H'Cap ½ Green Fee & Comp Fee	\$ 20.00	
**Plus GA Affiliation & Handicap to play competition (terms and conditions apply to get handicap)	\$ 68.00	
NON MEMBER Daylight Savings Green Fee Prepaid Package 1st October 25 – 31st March 2026 additional cost Obtain a handicap to play competition. See above	\$300.00	
Direct deposit Details BSB: 633000 Account No: 109936575 Kialla Golf Club		
TOTAL COST \$ PAID:CASH/CHQ/EFT RECEIPT #		

** Fee's are reviewed and updated at our AGM each year in Oct/Nov

Please Turn Over

Competition Days: Wednesdays Thursdays Saturday Note: Numbers determine Grades on day



(Membership year 1 April 2025 to 31 March 2026)

I desire to become a _____ member or DSGF (Non Member) of Kialla Golf Club Inc. and lodge the sum of \$_____ being fees now due. This amount includes a \$5 membership fee to the Shepparton Club. I agree if elected to be bound by the Rules and Bylaws of the Club.

Full Name: Mr/Mrs/Miss _____

Home Address: _____

Phone Number: _____

Postal Address: _____

E-mail Address: _____

Occupation: _____

Date of birth _____

Current Handicap GA # _____

Note: Above details allows us to contact you and or keep you up to date with important information and events happening at KGC. Your details are kept private and are only made available to Committee & Golf Australia (GA) for purpose of contacting you, handicapping (if included) and to the Shepparton Club (SC) as part of the membership package. Please advise us if you do not want your information shared with GA and contact the SC direct if you do not want to be included in their membership offers & info **

The above candidate is personally known to us and we believe him/her to be a suitable person to be elected a member/DSGF player(non member) of Kialla Golf Club Inc.

Proposer: _____ **Seconder:** _____

Date: _____

This section to be completed by the secretary

Passed at Committee Meeting on: _____ Amount Paid \$ _____

Where did you hear about KGC ☐ member ☐ social media ☐ green fee player ☐ KGC office

Signature: _____

** Completed forms can be emailed to accounts@kiallagolf.com.au or placed in green fee chute next to window - any enquiries please contact Simone by calling clubhouse phone 58271390 and leave a message if required