



**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  
 2021-2022  
 Valid from 9<sup>th</sup> November 2021 (AGM)**

<b>CLASS OF MEMBER &amp; PRICING</b>	<b>FEE \$</b>	<b>PAID \$</b>
New Ordinary Full Member includes Joining Fee GA Affiliation & Golfink **	<b>\$410.00</b>	
Country Member includes Joining fee GA Affiliation & Golf Link (resides more than 30 k's from KGC) **	<b>\$295.00</b>	
Non-Playing/Social including Joining Fee **	<b>\$ 50.00</b>	
Junior u/18 including Joining Fee **	<b>\$ 55.00</b>	
One-off New Member's Offer – 1 <sup>st</sup> year or renewed After 5 years of absence (restrictions apply) Includes joining fee GA Affiliation & Golfink	<b>\$300.00</b>	
** GA Affiliation & Golf Link cost If you are a member at another club indicated by Your golf link # then this cost can be deducted **	<b>\$ 80.00</b>	
** Joining Fee (Full/Country) (Social/Junior) one off cost not included in Renewal of subs each year after	<b>\$ 10.00</b> <b>\$ 5.00</b>	
Daily Competition Fee for Members Includes entry into Honeysuckle challenge	<b>\$ 10.00</b>	
<b>NON MEMBER – SPECIAL OFFER – DSGF</b>		
Daylight Savings Green Fee Prepaid Package 1 <sup>st</sup> October – 31 <sup>st</sup> March	<b>\$200.00</b>	
Plus GA Affiliation & Golfink to play competition	<b>\$80.00</b>	
Plus Daily Competition Cost	<b>\$10.00</b>	
<b>TOTAL COST</b>		
<b>PAID: CASH/CHQ/EFT RECEIPT #</b>		

**Please Turn Over**

Competition Days: Wednesdays Ladies    Thursdays Mens    Saturday Mixed



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(Membership year 1 April 2021 to 31 March 2022)

I desire to become a \_\_\_\_\_ member/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. **BSB: 633000 Account No: 109936575**

**Full Name:** Mr/Mrs/Miss \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Date of birth (if under 18 years):** \_\_\_\_\_

**Current Golflink #** \_\_\_\_\_

**COVID-19 Vaccination Status - Please Show certificate to office staff**  
**Sighted by (office person name)** \_\_\_\_\_

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 of Kialla Golf Club Inc.

**Proposer:** \_\_\_\_\_ **Secunder:** \_\_\_\_\_

**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:** \_\_\_\_\_

**Please Turn Over**

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